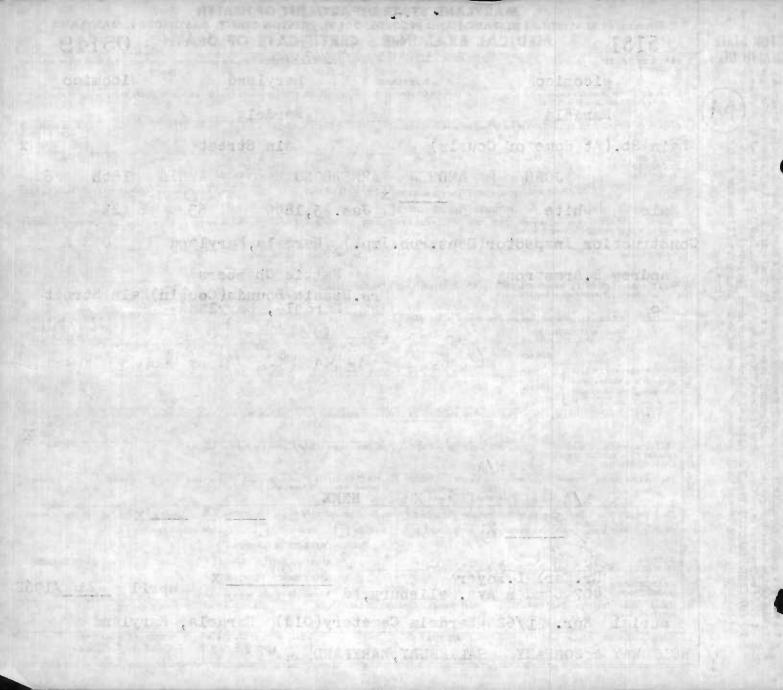
595 (Indees late. Dec. 2h, 1893 | 62 | 189 antiped omployee like the constant to the billy, Mary Trans simmi eightel Time North to the state of the little of the the course of the course of the course THE PARTY OF THE P done of the street and the street and Arr. C. D. T. Chad Form Cometery-E. S. F. Sallandry P. William EQLICATE CONCARY SALESVIN, MARILAND SE DE SE SE SELECTION

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE DEATH MEDICAL EXAMINER'S OF HEALTH DEPT Item 2 Film 3311 tisual RESIDENCE (Where deceased lived, If institution: Residence before edmission) 1. PLACE OF DEATH e. COUNTY ector. Page files. Health, e. STATE b. COUNTY Wicomico Wicomico Maryland MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (II outside corporete limits, write RURAL end give neerest town) director. write RURAL and give neerest town) your Mardela Mardela d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) for d. STREET ADDRESS e. IS RESIDENCE ON A FARM? peule Main St. (At Home of Cousin) YES NO X Main Street Stat 3. NAME OF 4. DATE Middle Last Month DECEASED OF (Type or print) JOHN ANDREW ARMSTRONG DEATH APRIL 18th 19 62 with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) d 2 w Hours WIDOWED Male DIVORCED Jan. 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Pages Construction Inspector(Dept.Pub.Imp. Mardela, Maryland pages Give Pag 14. MOTHER'S MAIDEN NAME Andrew B. Armstrong Mattie Chambers File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | INPORMANT Mrs. Bessie Bounds (Cousin) Main Street permit. (Yes, no, or unkown) | (If yes give wer or detes of service) with No Mardela, Maryland 1B. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c), INTERVAL BETWEEN guo PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Office a DUE TO pluods (b) gave rise to immediate cause DUE TO (e), stating the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO X 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. WEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, ' 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) While Not While at work et work MOME prior CIOR: 21. I certify that I took charge of the remains described above, held an Autopsy Inspection A Inquiry Y and in my opinion 0 forwarded death resulted from: Matural causes X Accident Suicide Homicide Undetermined manner DIREC CHIEF MEDICAL EXAMINER execute the designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED FUNERAL SIGNATUR Dr. Earl L. Royer 2 DEPUTY MEDICAL EXAMINER EXAMINER'S April Camden Ave Salisbury, Md Address (Street, city, town, or county)
DATE THEREOF | 22c. NAME OF CEMETERY OF CREMATORY | 22d. LOCATION (C pinous NAME (Type) 9989 22e. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) 21/62 Mardela Cemetery(Old) Mardela, Maryland 0 Burial 240 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. A15ME APR 2 3 '62 arthur S. Krous HOLLOWAY & COMPANY SALISBURY, MARYLAND DATE 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH



	DIVISION OF STATISTICAL RESEARCH AND RECO		MARYLAND
A	05152 CERTIFIC	ATE OF DEATH	5150
/1) 1	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased livad, If institution:	Residence before admission
	Wicomico Marylan	o. STATE Maryland b. COUNTY Wi	comico
	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN		d give nearest town)
1	Salisbury 9 days	12 Salisbury	
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	a. IS RESIDENC
	Deer's Head State Hospital	504 W. Isabella Street	YES NO
3	NAME OF First Middle	Last 4. DATE Month	Day Year
	(Type or print) Carlton	Bailey OF April	11 19 62
5	6. COLOR OR RACE 7. MARRIED NEVER MARRIED	1   8. DATE OF BIRTH   9. AGE (In years ) IF UNDER	
	Male Colored WIDOWED DIVORCED	Febuary Io, 1895 67 yrs. Months	Days Hours Min.
1	Oa. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR IND done during most of working life, even if refired)	USTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CIT	TIZEN OF WHAT COUNTR
	Farmer	Virginia	.S.A.
1	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
1	Harry Bailey	Hester Onley	
	5. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. 1 Yes, no, or unkown) ( (If yes give war or de las of service)	7. INFORMANT Address	
	No.	Harry Bailey Helron Mg.	R.F.D.
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Cerebral	vascular accident	16 days
	423 DUE TO		
	Conditions, if any, which (b) Arterioscleroti	c cardiovascular disease	?
30	gave rise to immediate ceuse		
	(a), stating the underlying cause last. Polycystic kidn	eys	?
2		T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	T 1(a) 19. WAS AUTOPS
2 NOTA	Bronchopneumonia		YES NO
		URED. (Enter nature of injury in Part I or Part II of item 18.)	
CERTIE	(IF EITHER, NOTIFY MEDICAL EXAMINER)		
13	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e		unty) (State)
MEDICAL	Hour a.m. While Not While at work at work at work	factory, street, office bldg., etc.)	
1	21.   certify that (I) (this hospital) attended the deceased fr	om April 2 1962 to April 11 19	62 that (1) (we) I
		that death occured atM, from the causes and on	
	228. SIGNATURE	3:40 P.M.	22b. DATE
	S. V. luernean.	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	1,/77/62 SIGN
,	22c. PHYSICIAN'S	M.D. PHYS. SI DIRECTOR PHYS. 22d, ADDRESS	4/ 11/ 02
	NAME (Type) V. Juerman, M. D.	Deer's Head Hospital; Salisbu	a same Mal
2	3a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMET		ty) (State)
1	REMOVAL (Specify)	Mardela	
0 2	Burial 4/15./1962 Church  4 FUNERAL DIRECTOR'S SIGNATURE  ADDRESS	25a, REC'D BY REGISTRAR 25b, REGISTRAR'S	Md • SIGNATURE
2	mit to the the	MIG DATE APR 1 8 '62 Cortlan &	
1	una or xuway x away y	The second	· Ibrays

MARYLAND STATE DEPARTMENT OF HEALTH

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TO H

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 05152 CERTIFICATE OF DEATH 05151 05153

1.	PLACE OF DEAT	гн			1	2. USUAL I	RESIDEN	CE (Where	deceased lived, If		esidenc	e before	dmission)
		Micomico		MARYL	IND		Mary	yland		Tal	bot		-
		(if outside corporata lim	ts,	c. LENGTH OF STAY	IN 1b	c. CITY O	R TOWN (	If outside co	orporata limits, writ	e RURAL and	give n	earest tow	rn)
		Salisbury		1 Year			Near	vitt		2	AV	1.2	
			if not in	hospital, give streat address	5)	d. STREET	ADDRESS				UA	e. IS R	ESIDENCE
		eer's Head	100				per pint per i	pm pm pm 904					NO [
3.	NAME OF DECEASED	First		Middle		Last		4. DATI	E Mont	h	Day	Yea	r
	(Type or print)		ert	Dawson		Bal		DEAT	WOI	Address of the second	13	19	62
5.	SEX	6. COLOR OR RACE	7. MA	RRIED NEVER MARRIED	X 8.	DATE OF BIRT	'H		9. AGE (In years last birthday)	1-		IF UNDER	
	Male	White	WIDO	OWED DIVORCED	Ju	ne 21.	1886		75 yrs.	Months	Days	Hours	Min.
10.	a. USUAL OCCUPA	ATION (Give kind of working life, even if retire	(d) 10	b. KIND OF BUSINESS OR IN					or foreign country	12. CIT	ZEN OF	WHAT	OUNTRY?
	Unk.			Unk.		Mar	rvlan	d			U.	S. A	
13	FATHER'S NAME				1	14. MOTHER'S							
	Dawson F	Rall				Isa	abell	e Hun	t				
	WAS DECEASED E	YER IN U.S. ARMED FOI		16. SOCIAL SECURITY NO.	17. XI	NFORMANT		0000	Addres				
	no	none		none	Hos	spital I	Recor	ds	Salisbur	y, Mar	ryla	nd	
	18. CAUSE OF	DEATH Enter only one	causa j	per line for (e), (b), and (c).]							INTE	ERVAL BET	
	PART I. DEA	TH WAS CAUSED BY:		Cinnhogic of	the	Liver	writh	anemi	a		ON	SET AND	
	5010												
	- 0	DUE TO											
	Conditions, if a	1 (10)											
и	gave rise to imme (a), stating the	DILLE TO											
	causa last.												
z	PART II. OTH	1.7	TIONS	CONTRIBUTING TO DEATH	BUT NO	T RELATED TO	THE TERMI	NAL DISEAS	SE CONDITION GI	EN IN PART	1(e)   15		
E				20 2 1 25 25	7 *								RMED?
5	TO- ACCIDENT	WAS UNDERLYING [	201	Diabetes Mel			f Inlume In	David Lau Dav	4 fl of item 19 1		1	E2 []	NO E
CERTIFICATION	OR CONTRIBUTIN	G CAUSE OF DEATH Y MEDICAL EXAMINER)	200.	DESCRIBE HOW INJURY OF	CORED.	(cuter nerure o	r injury in	ran i or rei	i ii or nem io.,				
MEDICAL	20c. TIME OF IN.			Od. INJURY OCCURRED   2		CE OF INJURY (			City or town)	(Cour	nty)		(Stete)
ME	p.m		-	work at work	ma.								
	21. I certify	that (I) (this hospi	tal) at	tended the deceased	from	1/13/61		19 1	0 4/13/0	02, 19	, th	at (I) (	we) last
	saw the dece	ased alive on	13/6	2 19, and	d that	death occur	ed at.		om the causes	and on t	he da	te state	d above,
	22a. SIGNATURE					T		/30P.					. DATE
		V. jue	ru	uau	M.	D. PHYS.		MED. DIRECTOR	STAFF PHYS.				SIGNED
	22c. PHYSICIAN					22d. ADD	DRESS						
	NAME (Typ	V. Juerm	en,	M.D.		Deer	's He	ad St	ate Hosp	ital -	Sa.	Lisbu	ry, Me
23		TION, 236. DATE THE		23c. NAME OF CEM	ÉTERY C				CATION (City, to				lete)
	REMOVAL (Specific Burial	y) 12/1/	_	Neavitt	Cer	netery		Nes	avitt, 1	aryla	and		471
24	FUNERAL DIRECTO	DRIS SIGNATURE	1	ADDRESS			25a. REG	C'D BY REG	ISTRAR 25b. RE	GISTRAR'S	IGNAT	URE	
	407-1	anular /	200	// St. M:	icha	els, Mo	DATE	APR 1	7 '62	arthur,	2 4	- Charles	
-	Fran	pon Calar	511								7 07		

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Wicomico Wicomico Maryland MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Salisbury Salisbury d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? YES NO Ave. Ext (Fruitland Camden Ave. NAME OF DECEASED (Type or print) CARL DEATH PHILLIP BENNETT 19 62 10th 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 5. SEX B. DATE OF BIRTH last birthday) Male Nov. 29.1904 WIDOWED DIVORCED [ 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 1Db. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) Insurance Agent-Self Employed Mardela, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Phillip Bennett Maude Z. Seabrease 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO Mrs. Ethel E. Bennett (Wife) Camden Ave Ext (Yes, no, or unkown) | (If yes give we ror detes of service Salisbury, Maryland No 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 30 min. IMMEDIATE CAUSE (e) DUE TO Hypertensive cardiovaxuelas desaise Conditions, if any, which geve rise to immediate cause DUE TO (a), stating the underlying cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) CERTIFICATION PERFORMED? NO X 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) 20a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Not While at work at work 21. I certify that (I) (this hospital) attended the deceased from... .1962, and that death occured at 30PM, from the causes and on the date stated above saw the deceased alive on & 22b. DATE 962 ATTENDING DIRECTOR April PHYSICIAN 22d. ADDRESS .George H. Hennin Fruitland, Maryland 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) 13,1962 Mardela Memorial Cem. Mardela, Maryland Buria] 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE COMPANY SALISBURY MARYLAND Clothing & Trans DATE

MARYLAND STATE DEPARTMENT OF HEALTH

hours after completely physician please aftending removal S 0 FUNERAL O:F

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# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 05155 CERTIFICATE OF DEATH 05153

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmission)
Wicomico Maryland	a. STATE Maryland b. COUNTY Wicomico
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Salisbury	X Fruitland
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS   e. IS RESIDENCE ON A FARM?
Pen.Gen.Hospital	Brown Street
3. NAME OF First Middle	Last 4. DATE Month Dey Yeer
(Type or print) CLYDE ALTON	BOUNDS DEATH APRIL 30 1962
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
Male White WIDOWED DIVORCED	October 8,1907 54 yrs. 6 22 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
Grocery Store Operator & Owner	Wicomico Co., Maryland U S A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Henry James Bounds	Anna Matilda Malone
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.   (Yes, no, or unknown)   (If yes give were released service)	S. Bernice Esham Bounds (Wife) Brown St
_ NO	Fruitland, Maryland
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (e) A CUTE PCE	nal tailer 8hr
542.0 DUE TO	
Conditions, if eny, which \ (b) Shoek de	ce to surand restrict 4 days
gave rise to immediate cause (a), stating the underlying  DUE TO	
cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT I  DUAD  200. ACCIDENT WAS UNDERLYING   20b. DESCRIBETIOW INJURY OCCUR OR CONTRIBUTING   CAUSE OF DEATH  OR CONTRIBUTING   CAUSE OF DEATH  OF LETHER, NOTIFY MEDICAL EXAMINER)	pate Cinha i YES X NO [
206. ACCIDENT WAS UNDERLYING   206. DESCRIBE HOW MJURY OCCUR	D. (Enter neture of injury in Pert I or Pert II of item 18.)
(IF EITHER, NOTIFY MEDICAL EXAMINER)	
3 20c. TIME OF INJURY Month, Day, Yeer   20d. INJURY OCCURRED   20e. P	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete)
20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. P Hour e.m. N/A 19 et work at work	ctory, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from	April 4, 1962 to April 30, 1962 that (1) (wo) last
	at death occured at 15 Mi, from the causes and on the date stated above;
220. SKINATUBE / / / / / / / / / / / / / / / / / / /	22b. DATE
	ATTENDING MED. STAFF
World / ATMins	M.D. PHYS. X DIRECTOR PHYS. April-30/1962
22d HYSICIAN'S TIMES	M.D. PHYS. A DIRECTOR PHYS. APr11-30/1902 22d. ADDRESS
Kott / tolling	
22d PHYSICIAN'S NAME (Type) Dr. Robert T. ADKINS  238. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETER	Fruitland, Maryland
22d HYSICIAN'S NAME (Type) P. Robert T. ADKINS  238. BURIAL, (Remation, 23b. Date Thereof Removal (Specify)  23c. NAME OF CEMETER:	22d. ADDRESS Fruitland, Maryland OR CREMATORY 23d. LOCATION (City, town or county) (State)
22d PHYSICIAN'S NAME (Type) Pr. Robert T. ADKINS  23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER' REMOVAL (Specify)	22d. ADDRESS Fruitland, Maryland OR CREMATORY 23d. LOCATION (City, town or county) (State)

VR A15 (4) 15M 7/61

B. 7 15 (1) desert more Lastano (.a.o. asu Colomb 8,1927 - 54 A 16 Alegarios Co., Marvinst Anni Met 13dg Fellore dE mars (6'12") solures medes rolaries and, de lyre brootler 278 A colle Mines Failure Short due to jujacal riplies yelas O Dundand when hi pater Combines of Station Sy Raide to - April 30 62 STOTAGE FIRMS IN THE WINDS NO BARA onn Lymni, om Chines be Robert Dinilling and the English Cartery Allen Carten THE PARTY OF THE PARTY OF THE PROPERTY OF THE PARTY OF TH

RYLAND STATE-DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission a. COUNTY b. COUNTY Wicomico Maryland MARYLAND b. CITY OR TOWN (if outside corporata limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporata limits, write RURAL and give nearest town) B Salisbury OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress d. STREET ADDRESS NAME OF Middle DATE DECEASED OF (Type or print) DEATH 5. SEX COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR last birthday) Months WIDOWED DIVORCED Nov. 12. 1923 38 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY! done during most of working life, even if retired) House Work at Home None Princess Anne Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Omar Dashiel] Hallie Waters 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO Benjamin\_F. Bounds (Husband) 128 Holland (Yes, no, or unkown) | (Hyesgive war or detes of service) Salisbury Maryland 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] DEATH WAS CAUSED BY: IMMEDIATE CAUSE ( Conditions, if any. gave rise to immediate causa DUE TO (e), stating the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 19. WAS AUTOPSY CERTIFICATION 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED I 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) fectory, street, office bldg., etc.) While Not While et work at work p.m. 196 that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from. the deceased alive on. ATTENDING MED STAFF PHYS. DIRECTOR PHYS. PHYSICIAN'S 22d. ADDRESS NAME M.Beardslev Ave. Salisbury, Maryland Maryland 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF

Wicomico Mem. Park

SALISBURY, MARYLAND

ADDRESS

a. IS RESIDENCE ON A FARM? YES NO

19

Hours

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

NO &

(State)

DATE

1962

Salisbury, Maryland
258, REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE

Carthur S. Kraus

DATE

SIGNED

IF UNDER 24 HRS.

0.58 VR A15 (4)

FUNERAL page age

rector,

REMOVAL (Specify)

Burial

24 FUNERAL DIRECTOR'S SIGNATURE

HOLLOWAY & COMPANY

18/1962

funeral

by the and 2 death.

filled in Pages 1

completely

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and

Then please

law requires that the death

attending physician.

prior

After this

detached

DIRECTOR:

Seattle Shirefiel Street, Santania Lyona Marie Devote Strong House Ben benigted annous assentate and agod the sent of the saunt Controlled a new Letter England & March & Marchan Commencer CITE LEGITOR LOND AND THE STATE OF T roletana. I festalor besterni, var and feet . our familyand the Front, Names 18 at 1 LOW THE STATE OF THE PROPERTY OF THE PROPERTY

ARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY b. COUNTY 計6 comico morces MARYLAND b. CITY OR TOWN (if outside corporate limits, OR TOWN (If outside corporale limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and giva nearast town) 5 SBURY d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give, streat address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? YES NO SENERI pletely 3. NAME OF 4. DATE Month Dey Year Last DECEASED OF DEATH (Type or print) 62 19 and cor AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. COLOR OR RACE 7. MARRIED NEVER MARRIED S. SEX last birthday) Months Days Hours WIDOWED even 12, CITIZEN OF WHAT COUNTRY! 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY State, or foreign country) done during most of working life, even if retired 1 13. FATHER'S NAME ding WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (If yes give wer or detes of service) INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which gava rise to immadiate ceusa DUE TO (e), stating the underlying cause last the (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY TION 35 PERFORMED? NO CERTIFICA 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert 1 or Pert II of item 18.) 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER tached After MEDICAL 20a, PLACE OF INJURY (Homa, farm, (County) (Stete) 20d, INJURY OCCURRED 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) While Not While Hour a.m et work et work DIRECTOR: certify that (I) (this hosping attended the deceased from. 21. from the causes and on the date stated above. te on .19....., and that death occured at 22b. DATE CNATURE ATTENDING MED STAFF SIGNED alled DIRECTOR PHYS. PHYS. M.D FUNERAL 22d. ADDRESS 22c. PHISICIAN'S NAME (Type ector, LOCATION (Steta) (City, town or county) 23a, BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 0.58 25b. REGISTRAR'S SIGNATURE WHERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR VR A15 (41 Christing & Thousa DATE

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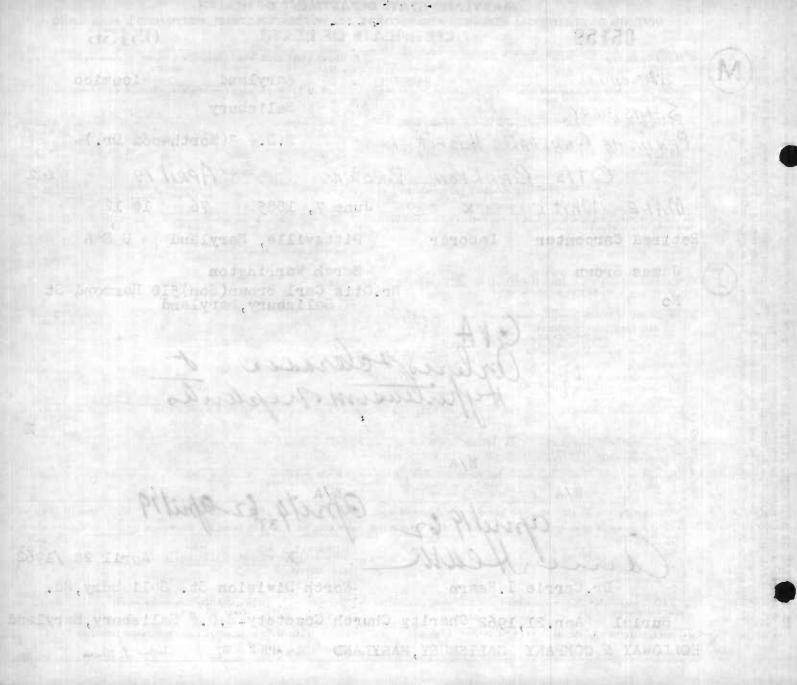
## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 05155

1. PLACE OF DEATH a. COUNTY	e. STATE b. COUNTY
Wicomico Maryland	Maryland Wicomico
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  Salisbury	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)  Salisbury
d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street address)	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM
R.D.# 1 (Union)	R.D.# 1 (Union) YES 🛛 NO
NAME OF First Middle DECEASED (Type or print) HANNAH TABITHA	BROWN  4. DATE Month Day Yeer OF DEATH APRIL 17th 19 62
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED   B  White widowed video vide	Oct. 2, 1886  9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.   Months   Days   Hours   Min.   Min.
0a. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUSTR	
done during most of working life, aven if retired)  Ouse Work at Home None	Parsonsburg, Maryland USA
George Washington Farlow	Henrietta Ann Parker
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) ((Ifyesgivewerordatesofservice)	s. Ota Stevenson(Daughter)R.D.# 1(Unic Salisbury, Maryland
Conditions, if any, which gave rise to immediate cause (e), stating the underlying cause last.  DUE TO  DUE TO  Conditions, if any, which gave rise to immediate cause (b)  DUE TO  (c)	Vas cula Accident ONSELAND DEATH  of arthursders ?  OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS
	YES NO 2
AT A	D. (Enter neture of injury in Pert I or Part II of item 18.)
	ACE OF INJURY (Home, farm, 20f. (City or town) (County)  N/A  N/A  N/A
21. I certify that (I) (this hospital) attended the deceased from saw the deceased slive on 19.6.2, and that	t death occurred and John, from the causes and on the date stated above
22a. SIGNATURE A DUMPS  22a. PHYSICIAN'S NAME (Type) Dr. Robert T. Adkins	ATTENDING MED. STAFF PHYS. April /8/196  22d. Address  Fruitland. Maryland
238. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)	OR CREMATORY 23d. LOCATION (City, town or county) (Stete)
Burial Apr. 20,1962 Parsons	Cemetery Salisbury, Maryland
4 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	
HOLLOWAY & COMPANY SALISBURY, MAR	RYLAND DATE APR 2 3 '62 Cuthun 9 Harris

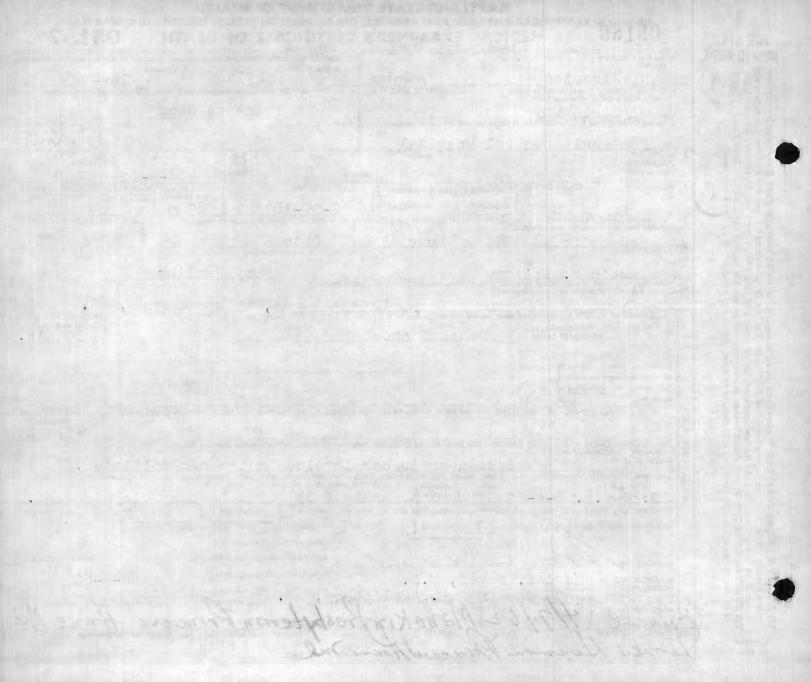
(woled) L. G.H. 100. 2, 1586 - 75 - 6 125 intellegation in the land Herry Lerte Ann Stakenek Weinill A.C. o(nesting of ) nos covers with the Bu-Tyras, wemailed cerebral variation secular generalized anderspolerans SPA WALLSON TO Brally sail, Barylend maidle W danger hasteriell, winder see entall Chart, 20, 1982 Ferrone Come Comet. THE REPORT OF THE PARTY OF THE

		05159 CERTIFICATE OF DEATH 05156
24 hours after in by the funeral and 2 shoulder dearth.		PLACE OF DEATH a. COUNTY a. COUNTY b. COUNTY b. COUNTY b. COUNTY b. COUNTY b. COUNTY c. MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  C. LENGTH OF STAY IN 1b Salisbury  2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. STATE b. COUNTY c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Salisbury
within pletely filled apers. Pages 72 hours aft	2-3	d. NAME OF HOSPITAL OR NISTITUTION (if not in hospital, give streat address)  OF NAME OF HOSPITAL HOSPITAL  OF First  OF Middle  OF O
ficate be ician and love carbo event, wi	1	SEX  6. COLOR OR RACE  7. MARRIED  NEVER MARRIED  DIVORCED  DIVORCED  June  7. 1885  9. AGE (In years last birthday)  76 yrs.  None during most of working life, even if refired  10. KIND OF BUSINESS OR INDUSTRY  11. BIRTHPLACE (County & State, or foreign country)  12. CITIZEN OF WHAT COUNTRY?
_ ~ ~		3. FATHER'S NAME
e attending Then pleas oval, and is		James Brown  S. WAS DECEASED EVER IN U.S. ARMED FORCES? (es, no, or unknown) (Ifyesgivewerordelesofservice)  No Salisbury, Maryland
requires the physician. igned by the insit permit.		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  DUE TO
I: The law or attending has been s ne burial-tra urial, crema	1	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  (b) Urlerio Helleradia  (c) Heyheitleusum Pulplisates
SICIAN ospital o rrificate ise as th		PART II. OTHER SIGNIFICANT CONDITIONS CONDITIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY PERFORMED?  YES NO
G PHY oy the ha se this ce sed for a		N/A
ENDIN stained b OR: Afte e detach	0.00	
R ATT ay be re IRECTC hould b		21. I certify that (I) (this hospital) attended the deceased from 19.0 19.0 19.0 19.0 19.0 19.0 19.0 19.0
TTAL O age 4 me ERAL DI page 3 s	/	ATTENDING MED. STAFF PHYS. X DIRECTOR PHYS. April 20 /1962 22d. ADDRESS
Thor.	9	North Division St. Salisbury, Md.  38. BURIAL, CREMATION, 236. DATE THEREOF   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City, town or county) (Stete)
Da Cip g		REMOVAL (Specify)  Burial Apr. 21, 1962 Charity Church Cemetety-R.D.# Salisbury, Maryland  Funeral director's Signature  Address  Address
VR A1S (4) 1SM 7/61		OLIOWAY & COMPANY SALISBURY, MARYLAND DATE APR 2 3 '62 Outling & Thous



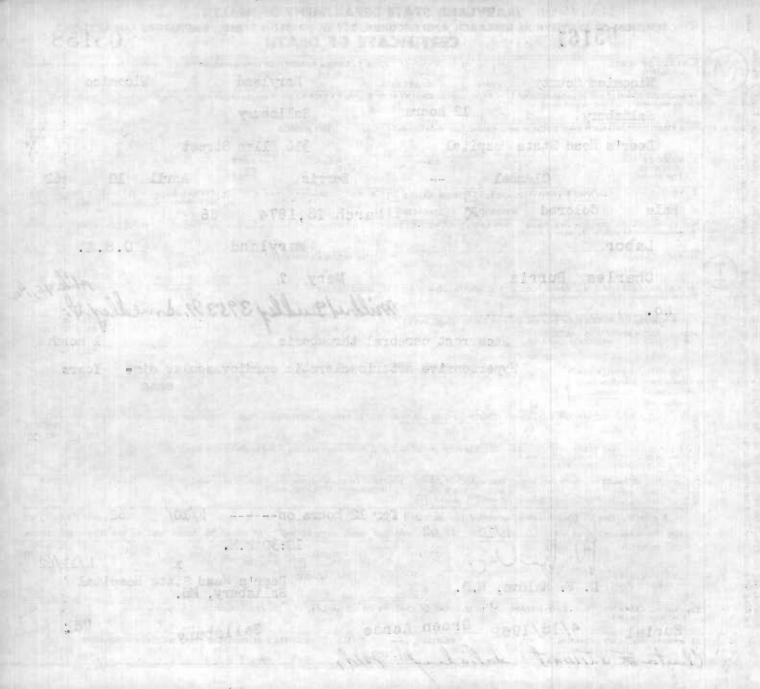
Qivision of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND TH OEP 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) ly is necessary, I director. Page for your files. a. COUNTY e. STATE b. COUNTY Marvland Somerset Wicomico MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) SY. write RURAL and give neerest town) DEFUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is nect tease execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your should be forwarded to the Shale Board of a personal permit. File pages 1 and 2 with the State Board of a TUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Salisbury Princess Anne d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Peninsula YES NO General Hospital Middle Last 4. DATE Month Dey DECEASED OF (Type or print) DEATH 4-4-62 19 Burns Eva S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years LIF UNDER 1 YEAR B. DATE OF BIRTH IF UNDER 24 HRS. last birthday) Months Hours Min. WIDOWED X DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY I 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) lousewife Home Ohio 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Henline Ruhin 15. WAS DECLASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (If yes give wer or datas of service) Elisha Burns. Princess Anne, Md. 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Crushed chest min. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate cause DUE TO (a), stating the undarlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19, WAS AUTOPSY CERTIFICATION PERFORMED? NO J 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury In Part I or Part II of item IB.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. car involed in two car collision. 20d. INJURY OCCURRED 1 20e. PLACE OF INJURY (Home, farm, ) 20c. TIME OF INJURY Month, Dev. Year 20f. (City or town) (County) (State) factory, street, offica bldg., atc.) While Not While et work et work 4-11260 Route Salisbury Wicomico 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted from: fural causes Accident V Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S Rover NAME (Type) Address (Streat, city, town, or county) 22a. BURIAL, CREMATION. 22d. LOCAHON (City, lown, or country) (Stete) REMOVAL (Specify) 240 g 0 KEIK FUNERAL DIRECTOR ADDRESS 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. AISME arthur & Kraya 5M 9/60

RYLAND STATE DEPARTMENT OF HEALTH



STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) a. COUNTY a. STATE b. COUNTY Wicomico County Maryland the d MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give nearest town) hours Salisbury Salisbury d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Deer's Head State Hospital 316 Ellen Street YES T NO DA completely 3. NAME OF Middle Last 4. DATE Day Month DECEASED OF 1962 ed (Type or print) Clemuel DEATH 10 Apri Burris 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BIRTH last birthday) Months Male Colored WIDOWED KT DIVORCED 88 March I5 please rem 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) U.S.A. Labor Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME death .= Then please Charles 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. I 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or dates of service WERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c), I. DEATH WAS CAUSED BY: 7 month IMMEDIATE CAUSE (a) Recurrent cerebral thrombosis Hypertensive arteriosclerotic cardiovascular dise Conditions, if eny, which geve rise to immediate cause ease DUE TO (a), stating the underlying ceuse last. PHYSICIAN PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6): 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES NO prior 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING [ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) WEDICAL 20c. TIME OF INJURY (State) Month, Dey, Year 20d. INJURY OCCURRED I 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Not While Hour a.m. at work et work DIRECTOR: 21. I certify that (I) (this hospital) attended the deceased for 12 hours on 19---plnods saw the deceased lalive on 10:30 22b. DATE 22e. SIGNATURE ATTENDING MED. SIGNED DIRECTOR PHYS. PHYS. FUNERAL 22c. PHYSICIAN'S Deer's Head State Hospital V. Maldve, M.D. Salisbury, Md. director, be filed 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY (Stelle) REMOVAL (Specify) Green 0 Md. Acres 25a. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 1SM 7/61 DATE

MARYLAND STATE DEPARTMENT OF HEALTH



VR AIS (4) 15M 7/61

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 05159

	UJ.	00
1. PLACE OF DEATH  • COUNTY *	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence be	fore edmission)
Wiconico MARYLAND	a. STAMaryland b. COUNTY Wicomic	0
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporata limits, write KUKAL and give nears	st lown)
SALISBURY	X Quantico (Rural)	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	,	ON A FARM?
Peninsula General Hospital	R.D.# 1	S X NO
3. NAME OF First Middle DECEASED (Type or print)	BYRD A. DATE Month Day OF DEATH ADRIL	Year
minnie Einel		196 2/ INDER 24 HRS.
7. MAKNED   NEVER MAKNED	1 . 1 / 1 / 1	ours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		HAT COUNTRY?
House Work at Home None		A
John Robert Owens	Lavenia Goslee	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. 1 (Yes, no, or unkown)   (Hyesgivewerordetesofservice)	Ernest Byrd(Son)Box#28	
NO  18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	nebron, Mary Land	AL BÉTWEEN
PART I DEATH WAS CALISED BY.	ONSET	AND DEATH
IMMEDIATE CAUSE (0)	40	age
TI DO DUE TO A ACTION	- Curtie, Heart Despare, une	1. mus
Conditions, if eny, which geve rise to immediate cause	childre beard Desail veri	reamy
(e), steting the underlying DUE TO		
cause last. (c)	AT BELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN BART 1/4/1 19	VAC ALITODSV
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO		PERFORMED?
Š	YES	□ NO Ø
OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	, (Enter nature of injury in Part I or Part II of item 18.)	
U facility of the state of the	CE OF INJURY (Home, farm, 2Df. (City or town) (County)	(Stete)
Hour e.m. N/A 19 While Not While	ory, street, office bidg., etc.) N/A	
21. I certify that (I) (this hospital) attended the deceased from.	4-7, 19.6.710, 4-11, 196.71hat	(I) (we) last
saw the deceased alive on. 4-11. 1962, and that		
22e. SIGNATURE	ATTENDING MED. STAFF	22b. DATE SIGNED
CO CECUTO O COCCO	D. PHYS. DIRECTOR PHYS. 4.	-11-62
Physician's NAME (Type) Wilbur R. Ellis, Jr.	Medical Center - Salisbury, Ma	rvland
23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY		(State)
Burial Apr. 15, 1962 Quantico Ce	metery Quantico, Maryland	MILLE
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	
HOLLOWAY & COMPANY SALISBURY, MAR	YLAND DATE APR 13'62 Out 8 K	

July 12, 1877 84 William Language Co. Mertiana John levert Quenc Same of the Serve Serve and Serve an Burlyan . opides in the control of t HOW DO AND A COMPLEX TO SALL THE THE AND A STATE OF THE AND A STATE OF

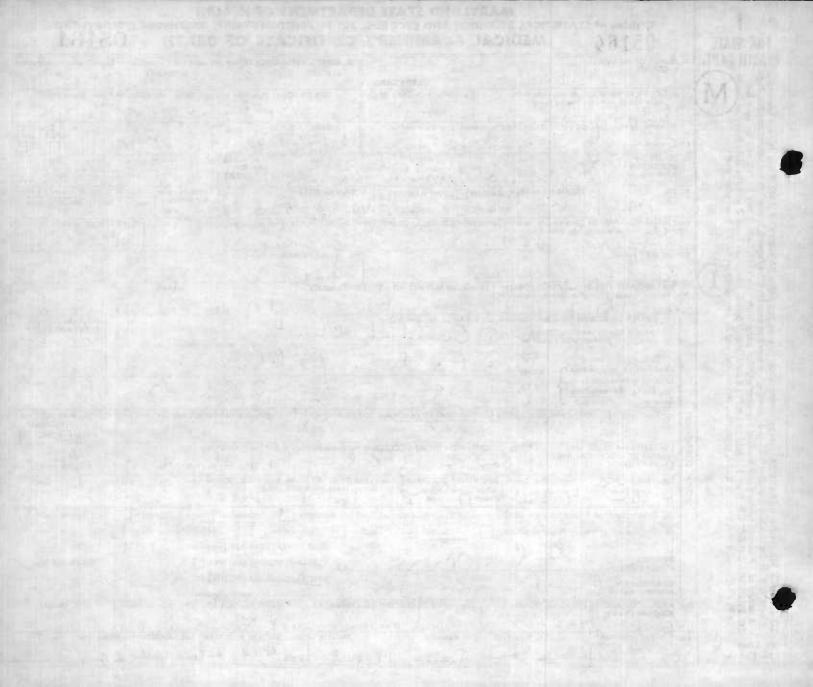
ia Te.Pi		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, 05 163 CERTIFICATE OF DEATH	MARYLAND 5160
the funeral	M)	1. PLACE OF DEATH  • COUNTY  • STATE  * Maryland  2. USUAL RESIDENCE (Where deceased lived, If institutions I of the country o	Residence before edmission)  Vicomico
1 24 h	01	b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)  C. LENGTH OF STAY IN 1b  C. CITY OR TOWN (If outside corporate limits, write RURAL and Salisbury)	
within letely filler pers. Pag	52	Peninsula General Hospital 408 Paterson Ave.	e. 15 RESIDENCE ON A FARM? YES NO
mp pa		3. NAME OF DECEASED (Type or print) WIIIAM HENRY CARE 4 DEATH FOR DEATH FOR DEATH PORT OF DEATH PORT	Day Yeer  1962  YEAR IF UNDER 24 HRS.
an an an vent,		Male White WIDOWED DIVORCED 47/62 STATE OF INDUSTRY IN BIRTHPLACE (COURTY & STATE OF COURTY) 12. CIT	Days Hours Min.
physi e rem		None	USA
deat anding and	(I)	Charles Bichard Carey  Alberta Ann Hopkins  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no., or unknown) (Ifyes give wer ordates of service)  Alberta Ann Hopkins  Father: Charles R. Carey	
es that the cian. by the atte srmit. Ther or removal,		NO  18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	INTERVAL BÉTWEEN ONSET AND DEATH
The law requirantending physics been signed burial-transit pe		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)  DUE TO  Conditions, if eny, which gave rise to immediate cause (e), stating the underlying  DUE TO  DUE TO	
ital or a icate ha as the to buris	0	cause last. (c) Orenature	1(e) 19. WAS AUTOPSY PERFORMED?
this d for		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART  20e. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.)	I bestered bestered
A A A A		20c. TIME OF INJURY Month, Dey, Yeer Hour e.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (Cou factory, street, office bldg., etc.)	nty) (Stete)
OR ATTENDI) may be retained DIRECTOR: Al 3 should be deta e State Dept. of		saw the deceased alive on	
ITAL age 4 RAL page	1	22e. SIGNATURE  William C. Morgen  M.D. ATTENDING MED. DIRECTOR PHYS.   DIRECTOR PHYS.   DIRECTOR PHYS.   22d. ADDRESS	HOLE SIGNED
dealth Page 4 director, page be filed with the		Dr. William C. Morgan Medical Center Salisbury  23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or country REMOVAL (Specify)	Maryland
VR A15 (4)	P	Burial Apr. 20, 1962 Parsons Cemetery Salisbury, Ma 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 256. REC'D BY REGISTRAR 256. REGISTRAR'S	ryland SIGNATURE
15M 7/61	h	HOLLOWAY & COMPANY SALISBURY, MARYLAND DATE APR 23 '62 CICLUM	8. Trave

hos Peterson Ave. A & U par (year, veucettate) Christes Elohard Curey VetRol: Committee L. Const. A STATE OF THE STA DATE OF LEAST OF THE PROPERTY Brigger Prode College Common and Santa College BOLLOWAY & COMPARY CALLESTER, THERET, THE SELECTION & VANCOUS & VANCOUS

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE FOR STATE TH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) e. COUNTY and 3 to the funeral director. Page may be retained for your files. b. COUNTY delay is necessary Lamer MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH-OF STAY IN 16 c. CITY OR TOWN (If putside corporate limits, write RURAL and give neerest town) write RURAL and give nearest town) State Board of FRAME OF HOSPITAL OR INSTITUTION (if not In hospitel, give street edgress) e. IS RESIDENCE ON A FARM? YES NO NAME OF Midella DATE 4. Month Dev Yeer DECEASED OF with the (Type or print) DEATH 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH AGE (In yeers | IF UNDER 1 YEAR | IF UNDER 24 HRS. 2 with GITY MEDICAL EXAMINER: This certificate should be executed with the Pages 1, 2, and 3 execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may were at DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the page 3 should be used as a burial-transit permit. File page 3 should be used as a burial-transit permit. last birthday) Months WIDOWED DIVORCED 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) BALLIMORE MA

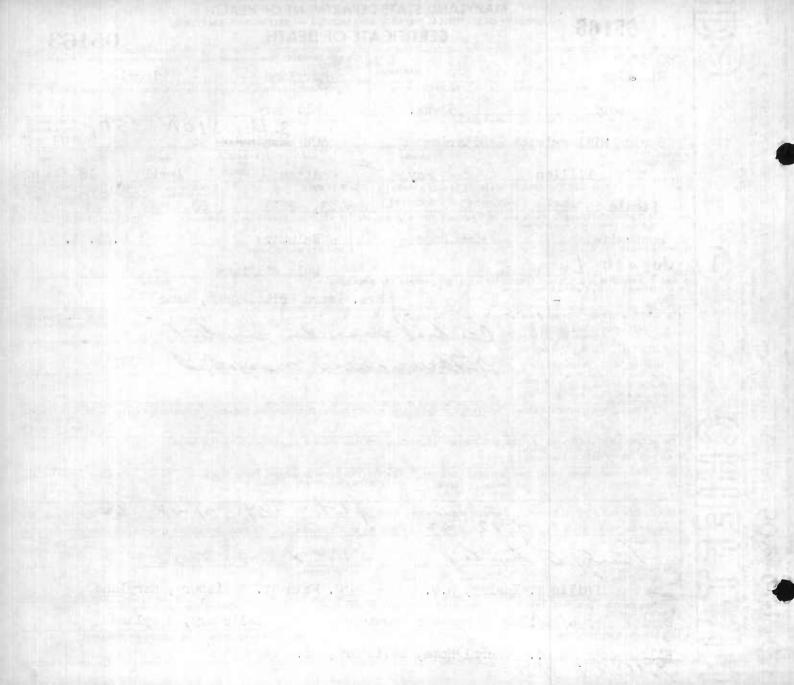
14. MOTHER'S MAIDEN NAME ATTORNEY 13. FATHER'S NAME Wood WAS DECEASED EYER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. (Yes, no. or unkown) | (If yes give wer or dates of service) CARNEY- 1426 Northgate WORLD WAR MRS. ANNE 18. CAUSE OF DEATH [Enter only one cause par line for (e), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of friend in Pert I or Part II of Item 18.) PRIMARY or CONTRIBUTING should be forwarded to the Chief Mershould be forwarded to the Chief Merevall birection: Page 3 sho 20c. TIME OF INJURY 2Dd. INJURY OCCURRED 200. PLACE OF INJURY (Home, farm, Month, Dev. Yeer 20f. (City or town) (County) (Stote) factory, street, office, bldg., atc.) Not While MEDI While at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion Inquiry death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Address (Streat, city, town, or county) 9989 22a, BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stete) REMOVAL (Specify) 240 9 OH Bursas Wood lown Woodlawn Maryland 'emotery 23. FUNERAL DIRECTOR ADDRESS 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME Chilling & Thank 5M 9/60

RYLAND STATE DEPARTMENT OF HEALTH



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¥	1			MARYLAND STATE DEPART		
	/			05166 CERTIFICATE OF		05163
Page 4	director,	M		. COUNTY 0. STATI	RESIDENCE (Where deceased lived. If institution: R E b. COUNTY, Aryland Wico	Paridones before admission)
ath.	be filed			. CITY OR TOWN (If outside corporate limits, write   c. LENGTH OF STAY IN 1b   c. CITY	OR TOWN (If outside corporate limits, write RURAI	L ond give nearest town)
dec	the fune should b	91		RURAL and give nearest town) Salisbury  5 wks.	Salisbury	
rs after	NK	10		OK INSTITUTION	508 Washington St	ST.   e. IS RESIDENCE ON A FARM? YES   NO
	d ni l		3.	IAME OF First Middle	Last 4. DATE Month	Day Yeor
1 2	filled ges 1 ath.			OECEASED Type or print) Lillian May Ch	natham OF DEATH April	18 19 62
ithir	P 00 0		5. 5			UNDER 1 YEAR IF UNDER 24 HRS
3	plete ers. after			Female White WIDOWED DIVORCED May 23	3, 1881 80 yrs.	onths Doys Hours Min.
cute	d compl papers hours af		10a	USUAL OCCUPATION (Give kind of work done during most af warking life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIR	THPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
e ×	0 - 4			Housewife Own Home	Belaware	U. S. A.
pe		F	13.	14. MOTH	HER'S MAIDEN NAME	
cate	ysician ave car within	(1)		Jospen L. Rankin	Lula Williams	
rtifi	physici emave ent, with			WAS DECÉASED EVER IN U. 5. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT no, or unknown) (If yes, give war or dates of service)	Address	
e e	ing eve			No - Mrs. Lau	ura Brittingham, Same	
leot	lea: any			1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]		INTERVAL BETWEEN
he	d in			PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Cerebral Prosecu	la accident	
that t	유부명			DUE TO	11	
th so	d by			Conditions, if any, which gove rise to immediate (b) Q. Flerio selvin	· generalized.	
o in	gne			cause (o), stating the under-		
red	nsit or r		7	lying cause lost. (c)		
he law	has bee rial-tra natian,	-0	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATE	D TO THE TERMINAL DISEASE CONDITION GIVEN I	IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
IAN: T	ficate   the bu al, cren		1	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter not) OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ure af injury in Port 1 ar Part 11 af item 18.)	
SIC	certi as buri		MEDICAL		URY (Home, farm, 20f. (City ar tawn) office bldg., etc.)	(County) (Stote
PH	his to		WED	Hour o. m.  p. m.  19 While Not while of work of the original	/	
S	for			21. I certify that (I) (this hospital) attended the deceased from.	+· 1959 to 4-18	196 - That (1) (we) los
9	check the p				urred atM, from the causes and a	
E	led on			22o. SIGNATURO		22b. DATE
A A	DIRECT Id be d			- Kuls 6 husley M.D. ATTEN	MED. STAFF PHYS.	SIGNE
0	DIG ord			22c. PHYSICIAN'S NAME (Type)	DDRES5	
	Shaula Boar	I		Philip A. Insley, M.D. E.	Main St. Salisbury, Man	ryland
SS	FUNE age 3		23a	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATOR	RY 23d. LOCATION (City, tawn, or co	ounty) (5tate)
H	Page the St	0		Burial 4/21/1962 Parsons Cemetery	Salisbury, Mary.	land
10	5 0 =	94	24.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRA	R'S 51GNATURE
	15 (4)	11).		Hivi & Johnson Co. Funeral Home, Salisbury,	MODATE APR 23 '62	9 15
				KILLIA C. ZLEZIZ		



rithin 24 hours after

MARYLAND STATE DEPARTMENT OF HEALTH

ATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

27/11/2 27/11/37 Allys Joh Canadayal The State of the Stat THE THE CONTROL OF THE PARTY OF 

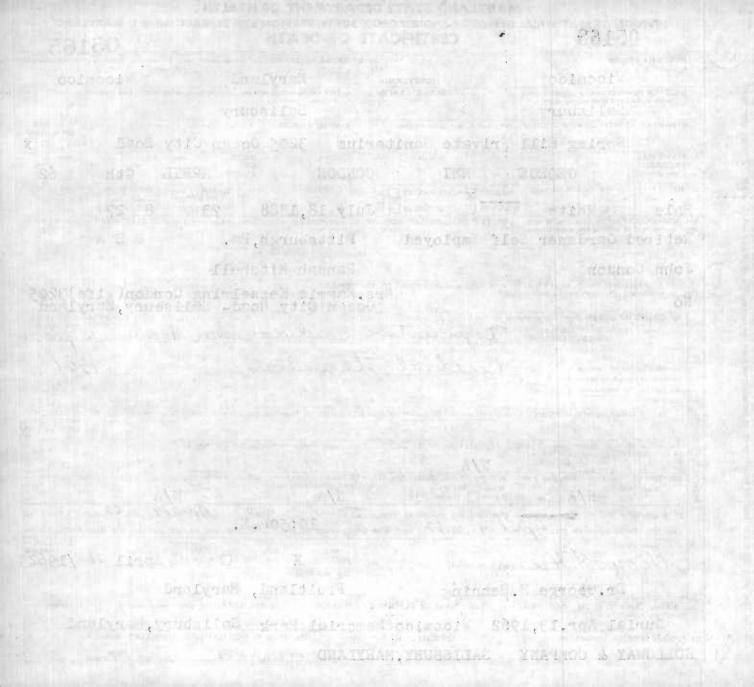
8	and the	-	and the	0	
2	1			-	1
_	1	1			1
	TO HE TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be execut within 24 hours after		TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral	director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should	be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.
	he law requires that the	tending physician.	been signed by the atter	urial-transit permit. Then	, cremation, or removal,
	IG PHYSICIAN:	death. Tage 4 may be retained by the hospital or attending physician.	ter this certificate has	ched for use as the b	Health prior to buria
	OR ATTENDI	may be refained	DIRECTOR: A	3 should be defact	ne State Dept. of
	O HO TAL	death. rage 4	O FUNERAL	director, page	be filed with th
	1		Sed		

VR A15 (4) 15M 7/61

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 05165

I. PLACE OF DEATH a. COUNTY WICOMICO MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) b. COUNTY  B. COUNTY  Wicomico
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown)  C. LENGTH OF STAY IN 1b	
Salisbury	12 Salisbury
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
Spring Hill Private Sanita	
3. NAME OF First Middle DECEASED	Last 4. DATE Month Dey Yeer OF
(Type or print) GEORGE NMI	CONDON DEATH APRIL 9th 1962
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.   Months   Days   Hours   Min.
Male White WIDOWED DIVORCED	July 18,1888 73 yrs. 8 27
ton. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
Retired Gardener Self Employed	Pittsburgh, Pa. USA
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Condon  15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	Hannah Mitchell
(Yes, no, or unkown) (Ifyesgive werordeles of service) M1	rs. Mammie Kesselring Condon (Wife) 3205 Ocean City Road Salisbury, Maryland
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Degliera Cu	L' Cardiolascular deseone 10 grs.
DUE TO COLOR	Thromboois 1961
Conditions, if eny, which gave rise to immediate cause	Michibones 1761
(e), stating the underlying DUE TO	
Z PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT IN	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)   19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT IN CONTRIBUTING TO DEATH BUT IN CONTRIBUTING TO DEATH BUT IN CONTRIBUTING TO CAUSE OF DEATH BUT IN CONTRIBUTING TO CAUSE OF DEATH BUT IN CONTRIBUTING TO DE	PERFORMED? YES NO TY
200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCUR	ED. (Enter neture of injury in Part I or Pert II of item 18.)
N/A	
	LACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State)
Hour a.m. N/A 19 While Not While et work et work	N/A N/A
21. I certify that (I) (this hamital) attended the deceased from	n Jau 1962 to Spriff, 1967 that (I) (we) last
	at death occurred at 5.0PM, from the causes and on the date stated above.
22e. SIGNATURE	ATTENDING MED STAFF , SIGNED
122c. PHYSICIANS	M.D. PHYS. X DIRECTOR PHYS. April // /1962
NAME IT Dr. George H. Henning	Fruitland, Maryland
3a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME, OF CEMETER	
REMOVAL (Specify)	
Burial Apr. 13, 1962   Wicomico I	Memorial Park Salisbury, Maryland  250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
	ARYLAND DATE APR 1 3 '62 Chilling & through

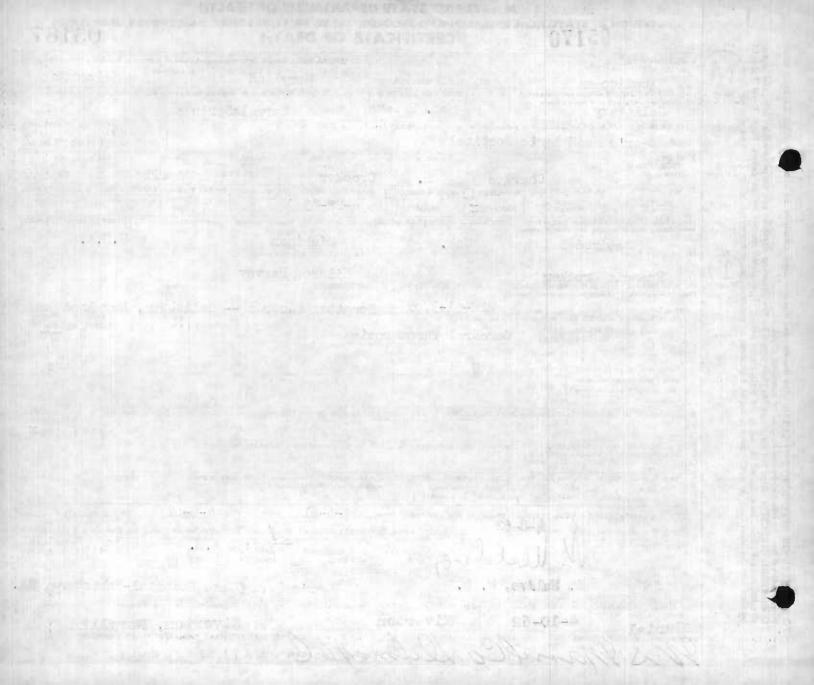


within 24 hours after

death certificate

law requires that the

AND ATTERNATIONS OF THE PARTY THE PERSON OF STREET 



	DIVISION OF STATISTICAL RESEARCH AND RECORDS,	301 W. PRESTON STREET, BALTIMOR	E 1, MARYLAND
	05171 CERTIFICATI	E OF DEATH	05168
		2. USUAL RESIDENCE (Where deceased lived, If instit	tution: Residence before admission
M	a. COUNTY    // / C / MARYLAND	o. STATE b. COUNTY	and oct /
	b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWNAIT outside corporate limits, write RU	
	write RURAL and give nearest town)	N/e was k	22 X.2
721	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS	IS RESIDENCE
	Porcincula Romand Une wital		ON A FARM?
	3. NAME OF First Middle	Last 4. DATE Month	Day Year
ν,	(Type or print) FN: 1/ CaTheaint	OF DEATH ADOIL	24 1962
18	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH 9. AGE (In years IF L	INDER I YEAR IF UNDER 24 HRS.
4.0		Eb, 27, 1896   last birthday) Mc	onths Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY
	House wife, even if retired)	BERLIN Md	USA
-	13. FATHER'S NAME	4. MOTHER'S MAIDEN NAME	06,01.
	GREEN PRINTT	FRANCES EllEN J	ARMAN
		FORMANT Address	- 1
	(Yes, no, or unkown) (Ifyesgivewerordelesofservice)	ORGE CROPPER NI	EWARK Md
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]		INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) abdomuele	renomatoris	6 mes.
- 51	175,0 DUE TO 0 . 0		, ,
	Conditions, if any, which \ (b) ademola of one	,	6-0 2005.
	gave rise to immediate cause (a), stating the underlying  DUE TO		
	cause last. (c)		
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEASE CONDITION GIVEN	IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT CONTRIBUTING TO DEATH BUT NO		YES NO
	200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED. (	Enter neture of injury in Pert I or Part II of item 18.)	
44			(County) (State)
		E OF INJURY (Home, farm, 20f. (City or town) y, street, office bldg., etc.)	(County) (State)
	p.m. 19 et work at work		/ 8
	21. I certify that (I) (this hospital) attended the deceased from	- 0	, 19, that (I) (we) la
	saw the deceased alive on. and 24 1962, and that d	leath occured att. 21.M, from the causes and	
	220. SIGNATURE	ATTENDING MED. STAFF	22b. DATE SIGNE
,	22c. PHYSICIAN'S	PHYS. DIRECTOR PHYS. 22d. ADDRESS	
1	NAME (Type)	22g. ADDRESS	
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR	C CREMATORY   23d LOCATION (City, town of	or county) (State)
0	REMOVAL (Specify) 427/62 RUCKING	ham BERLIN	md
a di	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGIST	BOR'S SIGNATURE
0	Anna A Buban Bula Mo	DATE APR 3 0 02	
		**************************************	

2 1 " " DERLIN Md. U.S.A. GREEN TRUITTE FRANCES Ellen JARMAN GEORGE GROPPER MENTER 1919

FOR STATE	Division 051			EXAMINER		PRESTON IFICAT		DEATH	RE 1, MA		169
HEALTH DEPT.	1. PLACE OF DEA	TH .			2. USUA	L RESIDENC	CE (Where	dacaesed lived, If I	Institution: Re	sidence befo	re edmission)
58 EN	a. COUNTY	wicomico		MARYLAN	e, STAT	marv	land	b. COUN	Word	ester	. /
or. Page	b. CITY OR TOW	N (if outside corporate lim	nits,	c. LENGTH OF STAY IN		0		poreta limits, write			
2000		and give neerest town)  LSbury		The state of the state of			Snow	Hill		12V	, 1
15 pre 82		SPITAL OR INSTITUTION	(if not in hos	pital, give streat address)	d. STRE	ET ADDRESS					RESIDENCE
	Penin	sula Gener	al Ho	spital		noute	# 1				NO NO
f any de the fune retained te State death.	3. NAME OF DECEASED	Firs	t	Middle	La	st	4. DATE	Month		Day	Year
and the last	(Type or print)	Darryl	ь	Da	le -		DEAT	н 4-	7-62		19
	5. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	8. DATE OF B	IRTH		9. AGE (In years   last birthdey)	IF UNDER 1 Y		DER 24 HRS.
E E AL E	M	AA	WIDOWE		12-	-13-61		yrs.	Months D	ays Hour	s Min.
1, 2, ge 5 and and 72 ho	dona during most of	ATION (Give kind of wor working life, even if refin	k   10b. K ed)	IND OF BUSINESS OR INDU	STRY 11. BIRTH	IPLACE (Stete	or foreign co	ountry)	12. CITIZ	EN OF WHA	T COUNTRY?
A hours after Pages 1, 2, a W3. Page 5 and 2 eges 1 and 2		None	1	vone		mary	land		U	SA	
40400	13. FATHER'S NAM				14. MOTHE	ER'S MAIDEN	NAME				
within 24 h 8. Give Par form PM3. ii. File Pega	Clifte	n Dale	nesca Lac	COCIAL CEGUIDINA LIGHT		zel For	reman				
within 18. Girlin ii. Film		(If yas giva wer or dates of		SOCIAL SECURITY NO. 1	7. INFORMAN			Address			
uted will ltem 18. with for permit.	NO LIB CAUSEO	P DEATH [Enter only one	a causa per l	None	Cli	fton Da	ale	Snow Hil	1, R.F	D.	OFTILIFENI
in lin lin lin lin lin lin lin lin lin l		ATH WAS CAUSED BY:					0 11			ONSET AN	ID DEATH
uld be executed within 2. in pencil in Item 18. Give Nice along with form PA urial-transit permit. Flue oval, and in any event.	03	IMMEDIATE CAUSE (e)		ntussuscept	ion of	the :	ileum			5 (	lays
ould by in per Office burial-	Conditions, if	DUCTO	. //	cute trach	o hnon	ahi + + +	0			0 3	0 *** 6
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ndin iner iner d as	(a), stating that causa last.	underlying   (c)									
certificate should d'pending" in p Examiner's Office a used as a burial ation, or remova	PART II. OT			TRIBUTING TO DEATH BUT	NOT RELATED TO	O THE TERMIN	AL DISEASE	CONDITION GIV	EN IN PART 1		
	NATION AND AND AND AND AND AND AND AND AND AN									YES T	RFORMED?
the the sho	PART II. OT  208. EXTERNAL PRIMARY   or CAUSE OF DEAT	CONTRIBUTING [	20b. DESCR	BE HOW INJURY OCCURE	O. (Entar nature of	f injury In Part	l or Part II o	of item 18.)		,	
writing Chief age 3	20c. TIME OF IN				PLACE OF INJUR			ty or town)	(Count	у)	(Stete)
Page 1	Hour a.r		While at wor		fectory, street, off	ica bidg., etc.,					
DEMOST MEDICAL EXA sase execute the certificate, v should be forwarded to the FUNERAL DIRECTOR: p its designated agent, prior i	21. I certify	that I took charge	of the rem	ains described above,	held an Auto	DSY A	Inspection	A Inquir	v P	and in my	opinion
o certifi arded RECT agent,	death resulte	d from: Natural c	auses A	Accident . S	uicide	Homicide	, Ui	ndetermined ma	anner		
MEDICAL to the certific forwarded to L DIRECTO		601		7	СНІ	EF MEDICAL E	XAMINER [				
Mi for the till Date de tied	ACTUAL SIGNATURE	(Con)	- Y	2	M.D. ASS	SISTANT MEDI	CAL EXAMI	NER [		DATE S	IGNED
execute the execute the local designated designated	EXAMINER'S		Royer			UTY MEDICAL			4-9-	62	
DINE de	NAME (Typa)  22a, BURIAL, CREMA		iden 1		bury, Add	tiess (Street, ci	ity, town, or	county)			
Short Short	REMOVAL (Space	lfy)	OF	22c. NAME OF CEMETERY	OK CREMATORY			TION (City, town,			State)
5 g 4 5 g	Burial  23. FUNERAL DIRECT	4-8-62		Mt. Westley,		24e BEC	Near !	Snow Hill	, Mary	rland	
VS. A15ME							APR 1 2		arthur 1		
5M 9/60		s B. Dashie	II Es	asten, Maryla	nd	DATE		04		, 100mm	
A	1-0322	44									

STREET, STREET Secretary Carlotte Commencer Adultion d. Bashiell Bleston, Santille

4			MARYLAND STATE DEPARTMENT OF HEALTH	
			DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAR	YLAND 170
	X		05173 CERTIFICATE OF DEATH	02710
s after funeral should		1. 1	PLACE OF DEATH  Item 1b Film 6311 USUHL RESIDENCE Where decessed lived, If Institution, Res	sidence before edmission)
sh fur	7	· '	b. COUNTY W.	
hour the	LV	-	S. CITY OR TOWN (if outside corporete limits.   c. LENGTH OF STAY IN 1b   c. CITY OR TOWN (if outside Corporete limits, write RURAL end of	give neerest town)
24 hd in by the 1 and er deat			write RURAL end give neerest town) Fruitland	
ithin filled in Pages urs afte	1	-	3. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)  d. STREET ADDRESS	IS RESIDENCE
	X	1	- Pine Sh	YES NO
completely on papers. thin 72 ho	1		NAME OF First G Middle A Lest OF Month OF	Dey Yeer
mple pap			(Type or print) (PMAR. C. Washiells DEATH Chr.	1 19225
		5	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE in years If UNDER 1 Y	
and and carb	-	H	emel   WIDOWED   DIVORCED   5-1- 22 1/9 yrs.	Bys Hours Min.
ication sign		10e	USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUSTRY   11. WYTHPLACE (County & State, or foreign country)   12. CITIZ	EN OF WHAT COUNTRY?
ertif nysie remo			Miruder your Somerset Co U.	SIT
ing pl		13:	FATHER'S NAME O CO P ON 14. MOTHER'S MAIDEN NAME	
death ding pleas and ir	F		Wavid Washells. (Cenna Washiells.	
he stren			WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN FORMANT s, no, or unknown) [(Ifyesgivewerordelesofservice)]	
he a			Thone Vergenia Cemserny	
ss the sian.			18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).)  PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
y sice ed l			PART I. DEATH WAS CAUSED BY: MITTAI STENOSIS	
red phy phy sign sign sign sign sign sign			Tall DUE TO MANAGE TICK	E ILAC
ding ding ding ding ding			Conditions, if eny, which (b) M40 Eardills	3410
The ten then s be be be buria			(e), steting the underlying DUE TO	14
or a ha he	λ	-	couse lost. (c)	(a): 10 WAS ALITOPSY
ITAI ital cate as t to b	0	NOIL	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	PERFORMED?
SIC ospi ertifi use		13	20e. ACCIDENT WAS UNDERLYING     20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.)	YES NO
H.Y.		CERTIFI	OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	
CA THE PERSON			20c. TIME OF INJURY Month, Dey, Yeer   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm,   20f. (City or town)	ry) (Stete)
Affe Pach		MEDICAL	Hour e.m. While Not While factory, street, office bldg., etc.)	
B. de		×	p.m. // C	2 11 1 (1) (5-2) 1-1
Fedda			21. I certify that (I) (this hospital) attended the deceased from a pril	
REC REC roul			saw the deceased alive on the causes and on the	22b. DATE
O DI S			arthur A. Browne M.D. ATTENDING MED. DIRECTOR DIRECTOR PHYS.	SIGNED
AL AL	,	13	22c. PHYSICIAN'S /	111
UNERAL UNERAL Itor, page	-		NAME (TYPO) ArThur II, Browne Salisbury-Wr. C	0.179.
F.C.		23	JURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or Equity)	(State)
P do do	.0	1	Syrich 4-15-62 Howes till Cam Eden mo.	
VR A15 (4)	12	24	FUNERAL DIRECTOR'S SIGNATURE DESS 1 256. REC'D 8Y REGISTRAR 256. REGISTRAR'S SI	GNATURE
15M 9/60	X.	1	take 1/1 cel Salisbury DATE MR 19 62 answers	Traus

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ARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where dageased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY 42年 1060 MARYLAND MARYLANG WORCESTE by the b. CITY OR TOWN (if outside corporale limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAX IN 16 write RURAL end giva naarest town) mpletely filled in b papers. Pages 1 a in 72 hours after of DNOUT HØSPITAL OF INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? YES NO . completely 3. NAME OF 4. DATE Middle Yaai DECEASED OF and c. carbon pa. (Typa or print) DEATH 13 U RON RIL 19 AGE (In years | IF UNDER 1 YEAR 5. SEX 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. last birthday) Months WIDOWED DIVORCED remove CUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDI 12. CITIZEN OF WHAT COUNTRY? country) Darking life, aven if retirad) FATHER'S NAM attending 0 15. WAS DECE U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address requires that the (Yas, no, or (If yes givawar or dates of service) physician. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Muocardia IMMEDIATE CAUSE (a) has been signed he burial-transit DUE TO riosclerot Conditions, il any, which gava rise to immadiata causa DUE TO (a), stating the underlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO G prior CERTIFIC 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part II or Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH etached 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ; 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) (Stata) factory, street, office bldg., etc.) While Not While Hour a.m. at work at work p.m. 1962 that (1) (we) last 21. I certify that (I) (Hris lease) attended the deceased from. .19.62 and that death occured at M. from the causes and on the date stated above. saw the deceased alive on... 22a. SIGNATURE DATE SIGNED ATTENDING STAFF PHYS. DIRECTOR FUNERAL M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) director, i NAME OF CEMETERY OF CREMATORY -BURIAL CREMATION. 23d LOCATION (City, town or county (Stata) REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE FUNERAL BIRECTOR'S SI VR A15 (4) 1SM 7/61 arthur S. Krous

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MA		PLACE OF DEATH	items /,0	9 7 9	0a,11,12,13,0	2.	USUAL RESIDE	NCE (Where	dacaasad lived, I		Residence	bafore a	dmission
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		Deer's	Head Stat	e Hos	pital		138 S	econd S	treet			YES [	NO
		NAME OF DECEASED	First		Middle		Last	4. DATE			Day	Year	
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	5.	Male	6. COLOR OR RACE Colored	7. MARRIE	2001		y 21, 18	899	9. AGE (In yeer last birthday) 62 yrs.		Deys	Hours	Min.
	10a do	. USUAL OCCUPATION and during most of wor	ON (Giva kind of work	10b. K	IND OF BUSINESS OR INDUS		BIRTHPLACE (Co	ounty & State,	or toreign country	) 12. CIT	IZEN OF	WHAT	OUNTRY
			None		1		licomico		i.		U.S.	A.	
	13.	FATHER'S NAME				14.	MOTHER'S MAIDE	EN NAME					
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0			R IN U.S. ARMED FOR yesgivawarordatesofsa		SOCIAL SECURITY NO. 17.	. INFO	RMANT		Addre	\$\$			
	7	Conditions, if any, gave rise to immedia (e), stating the uncause last.	WAS CAUSED BY: MMEDIATE CAUSE (a) DUE TO which to cousa darlying DUE TO (c)	Cer Hyp eas Art	ebral hemorrh ertensive art e eriosclerosis	erio	scleroti	c cardi	ovascul		- Li	day:	DEATH S
0	CATION										YE	PERFO	RMED?
	CERTIFI	20a. ACCIDENT WA OR CONTRIBUTING ! (IF EITHER, NOTIFY	S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCUR	tED. (Ente	er natura of injury	in Part I or Perl	t II of item 1B.)				
	MEDICAL	20c. TIME OF INJUR Hour a.m. p.m.	19	Whila at wor	k at work	actory, sl	reet, office bldg.,	etc.)	ity or town)	(Cou	inty)		(State)
		21. I certify th	at (I) (this hospital	al) atten	ded the deceased from	n	uly 13,	, 19.59, to	. April 2	3,, 19	62 <sub>th</sub>	at (I) (	(we) las
		saw the decease	d alive on Ap	ril 2	3, 19.62, and th	at dea	th occured at,			and on	the date	e state	d above
		22e. SIGNATURE	V. Jue	ru	lau.	M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.			4/23	DATE SIGNED
1		22c. PHYSICIAN'S NAME (Typa)	v. Juerm	ian, M	1. D.		22d. ADDRESS	Deer's Salisb	Head St ury, Md.	cate H	ospit	al	
	238	BURIAL, CREMATIC			23c. NAME OF CEMETER	Y OR C	REMATORY	23d. LO	CATION (City, t	own or count	у)	A (SI	tete)
		REMOVAL (Spedify)	14-25	-62	Deck"	no	ek Cln	2 /X	lad c.	8 (	les	8	
1/	24	FUNERAL DIRECTOR	S SIGNATURE	11	1 ADDRESS			REC'D BY REGI		EGISTRAR'S	SIGNATU	RE	
B.		HAM	new 1.	16	1/est		DATE	APR 26	'62	Orthon	8 Km	99	

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before edmission) a. COUNTY b. COUNTY Worcester Maryland Wicomico by the MARYLAND b, CITY OR TOWN (if oulside corporate limits, c. CITY OR TOWN (If outside corporata limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 1b writa RURAL and giva nearest town) Berlin Month Salisbury d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Sanitarium. Inc. RFD Springhill YES ANO pletely 3. NAME OF 4. DATE Month Middle Dev DECEASED (Type or print) R. April 12, May 1962 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX B. DATE OF BIRTH last\_birthdey) Months House Female WIDOWED DIVORCED [ 10e. USUAL OCCUPATION (Give kind of work physician 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & Stete, or foreign country) 12, CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Own home Driftwood, Pa. USA Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Then please Unknown Robert Rothrock 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyasgivawerordatesofservice) ova Robert Berlin, Md. RFD J. Earl ian. XX XX 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e DUE TO Conditions, if eny, which gave rise to immediata cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION PERFORMED? as NO 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) 20a. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) tained by WEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stete) Month, Dev. Yeer fectory, streat, office bldg., etc.) While Not While Hour e.m. et work | et work p.m .....Apr. 12, 1962 that (I) (we) last 21. | certify that (I) (this hospital) attended the deceased from...... 19..... to.... 22b. DATE 22e. SIGNATURE SIGNED ATTENDING STAFF DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) OH 25e. REC'D BY RE 256. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60

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2			DIVISION OF STATISTICAL RESEARCH AND RECORDS, 3	101 W. PRESTON STREET, BAL	TIMORE 1, MARYLAND
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4 ho by th and death			CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporeta limits	, write RURAL and give nearest town)
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vires the sician. I be the permit.			18. CAUSE OF DEATH [Entar only ona cause per line for (e), (b), end (c),]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (e)	Thrombosis	INTERVAL BETWEEN ONSET AND DEATH
aw requing phy n signe transit mation,			260 X DUE TO 1/2 DUE TO	Cardiovoscuk	ar Disease qui
The la attendias bee burial-ial, cre			geve rise to immediate cause (e), stating the underlying  DUE TO  Dinhetes  N	Pollitic	- Ma
ILAN: ital or icate h as the to bur	1	NOI	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE CONDITIO	PERFORMED?
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y the r this ed for salth		-	OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
NDING Br. Afte detach		MEDICAL		F INJURY (Home, ferm, 20f. (City or town) treet, office bidg., etc.)	(County) (Stele)
ATTE be reta CCTO uld be			21. I certify that (I) (this hospital) attended the deceased from Saw the deceased alive on 1962, and that deceased		uses and on the date stated above
4 may DIR 3 sho			220. SIGNATURES DE HURD M.D. M.D.	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	1 228. DATE SIGNED
UNERAL Hor, page	1		22c. PHYSICIAN'S NAME (Type)	22d ADDRESS Rive Blull Road	1. Salisbury, Me
日本の中		23	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR C	REMATORY 231. LOCATION (C	ity, town or county) (State)
Q Q Q T A		24	Burney 4/15/1962 Cake 12	25a, REC'D BY REGISTRAR 25	b. REGISTRAR'S SI GRATUME
15M 7/61			Clinton Stewart Salisbury, Md.	DATE APR 1 6 '62	Manual & Tours

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1 1	TEM TO FILM JIZ J-I-MARYLAND STATE DEPARTMENT OF HEALTH
-	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	05178 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 05176
HEALTH BEPT	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission as COUNTY
Files.	Wicomico Maryland Wicomico
neces ector. our fi	b. CITY OR TOWN (if outside corporate limits, write RURAL end give neerest town)  c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town)
s necreto your	Mardela
Sar dir	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) / d. STREET ADDRESS   e. 15 RESIDENCE
dela de Be	R.D.# 1 R.D.# 1
fun fun aine Stat Stat	3. NAME OF First Middle Last 4. DATE Month Day Year
if ar	OF DECEASED (Type or print) WILSON ELDERDICE EVANS DEATH APRIL 27th 19 62
# 5 8 5 ± p	5. SEX   6. COLOR OR RACE   7. MARRIED   8. DATE OF BIRTH   9. AGE (In yours   IF UNDER 1 YEAR   IF UNDER 24 HRS.
deadead with will will will will will be a same a s	Months Days   Hours   Min
1 2 m	
1, 2 1, 2 36 36 37 2	dona during most of working life, aven if ratired)
Pa Pa	Laborer-Marvel Package Company Mardela, Maryland USA
PM3.	13. FATHER'S NAME
	I Hamilton Evans Georgia Horseman
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) (If yes give war or datas of service) 16. SOCIAL SECURITY NO. 17. INFORMANT E. Evans (Wife) R.D.# 1
ted will tem 18. with for with for permit.	No Mardela, Maryland
Ter Mer	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
ni l ong ong insit	PART I. DEATH WAS CAUSED BY: (1) Generalized arteriosclerosis ONSET AND DEATH
be all l-tra	450.0 DUE TO Library design
ould in pe Office buria	Conditions, if ony, which (2)  Acute dilatation right heart
and	gava rise to immediate causa
ding ding as	(a), stating the underlying DUE TO
2 5 - 5 -	couse lest.  Congestive oedema of brain  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19, WAS AUTOPSY
This certifi word "pe dical Exam uld be use cremation,	PERFORMED?
word kord be semal	YES [X] NO [
Hedioul	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  PERFORMED?  PERFORMED?  YES NO   20a. EXTERNAL CAUSE WAS  PRIMARY   or CONTRIBUTING   CAUSE OF DEATH.
VER of N 3 st urial	
writing Chief age 3 to buri	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)  Hour s.m. While Not While et work at work at work
X.A.	p.m. 19 et work at work
Pro Or Cat	21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection X. Inquiry X. and in my opinion
it Geriffe	death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner
DICA e certi ardec REC agent	CHIEF MEDICAL EXAMINER
E P P P	SIGNATURE Tulio a Versley M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
A Part	Pr. Phi YAn A Incley DEPUTY MEDICAL EXAMINER IX
DEPTIF Mease execute should be for FUNERAL.	NAME (Type) Main St. Salisbury, Maryland Address (Street, city, town, or county) April 2/1962
DEP shoul FUN FUN	22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) (State)
0 g 4 0 p 0	Burial Apr. 29/1962 Mardela Cemetery Mardela, Maryland
H H H	23. FUNERAL DIRECTOR ADDRESS 248. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
VS. A15ME 5M 7/59	HOLLOWAY & COMPANY SALISBURY, MARYLAND DATE APR 3 0 '62 Cuthun & House
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HE AND THE PATTERN STATE OF A PARTY OF THE P STATE OF BEACU AD STATEMENT STREET, AND AND LABOREDA e Attorne e, Leite 1 25 Santiered and the tenth of the santiered and the series BELTE ROT PAUSE L A STATE OF THE STA The second second second A CHARLES AND SHELL AND THE SAME OF THE SA ANTE LE LITTLE The transfer of the state of th THE PARTY OF STREET WAS THEFT THE STATE OF THE TANKE THE STREET OF THE S TO DEPATY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Halith, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

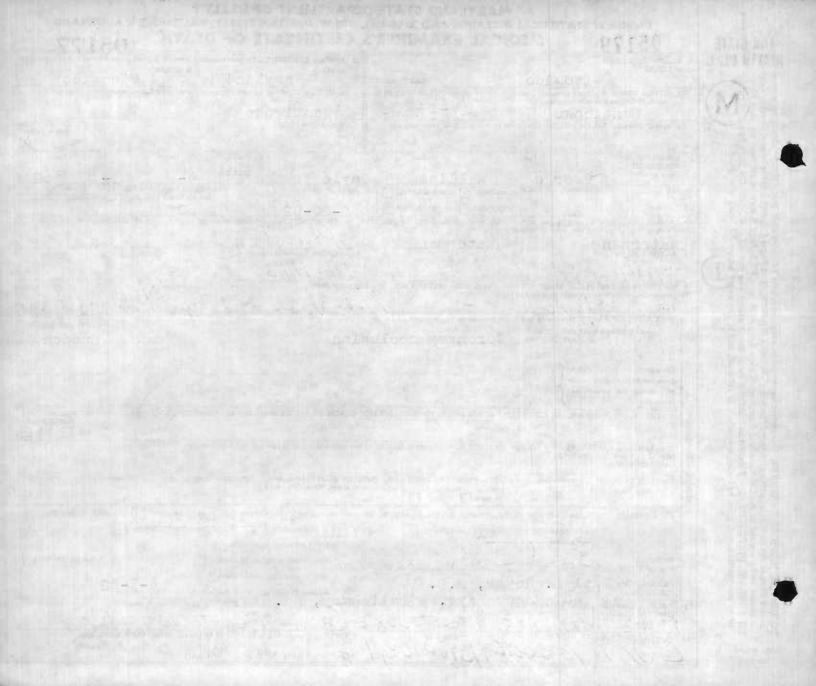
VS. A1SME 5M 9/60

## MARYLAND STATE DEPARTMENT OF HEALTH

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

Division of STATIS	STICAL RESEAR	CH AND RECORDS,	301 W. PRESTON 3	IKEEI	, BALIIMUKE	I, MAKILAN
05179	MEDICAL	<b>EXAMINER'S</b>	CERTIFICATE	OF	DEATH	05177

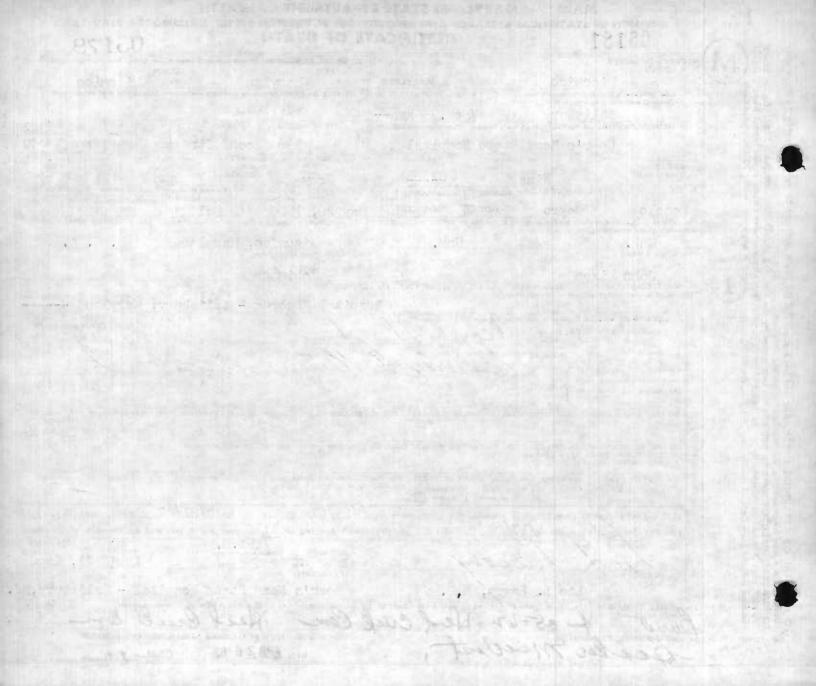
	%. COUNTY Wicomico MARYLAND	o. STATE  Marvland  Wicomico
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Nanticoke	c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)  **Nanticoke**
	d. NAME OF HOSPITAL OR INSTITUTION (if not In hospitel, give street eddress)	d. STREET ADDRESS  O. IS RESIDENCE ON A FARM? YES \( \sum \text{NO} \)
		Last 4. DATE Month Dey Yeer OF DEATH 4 3 1962  DATE OF BIRTH 19. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
	M AA WIDOWED DIVORCED	2-20-02   last birthdey)   Months   Deys   Hours   Min.
1	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Waterman  Waterman  Waterman	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?  14. MOTHER'S MAIDEN NAME
1		NFORMANT, Address
	(Yes, no, or unkown) (Ifyesgiveward detesofservice)    18. CRUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	2 sh 211 Gzyle, Philadolphiate INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) Coronary occlus  DUE TO  Conditions, if ony, which (b)	
^	gave rise to immediate cause (e), stating the underlying cause last. (c)	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)   19. WAS AUTOPSY
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	PERFORMED? YES NO
	PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	Enter neture of injury In Pert I or Pert II of item 18.)
		CE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) ory, street, office bldg., etc.)
	21. I certify that I look charge of the remains described above, he death resulted from: Suice Accident . Suice	ide, Homicide, Undetermined manner
2.	ACTUAL SIGNATURE	CHIEF MEDICAL EXAMINER DATE SIGNED  M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MED
7	EXAMINER'S Earl L. Royer, M.D.  1220. BURIAL, CREMATION, 225. DAJE GRANGE OF CEMERA DE LA CREMATION DE LA CREM	Address (Street city town or county)
- mp	226. BURIAL, CREMATION, 226. DIAJE THEREOF CITY 12.0 NAME OF CEMETERS OF CEMET	22d. LOCATION (City, town, or country) (Stete)
1	CJI W/ossel, BIVILVE, 1	DATE APR 6 '62 Orthur S. Thomas



1	MARYLAND STATE DEPARTMENT OF HEALTH	
i iz	OS180 CERTIFICATE OF DEATH	05178
thours aft	1. PLACE OF DEATH a. COUNTY b. COUNTY b. COUNTY b. COUNTY c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  2. USUAL RESIDENCE (Where deceased fived, if Institution: a. STATE b. COUNTY c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	eomico
within 24 y filled in by . Pages 1 a ours after d	NAME OF HOSPITAYOR INSTITUTION (if not in hospital, give street address)  Tenin Sula Oeneral XIOS b. tal 107 line way	IS RESIDENCE     ON A FARM?     YES    NO
d completel bon papers within 72 h	3. NAME OF DECEASED (Type or print)  5. SEX  6. COJOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH  9. AGE (In yeers   IF UNDER:	
ertificate b hysician an remove car any event,	Tema le Wh. te WIDOWED DIVORCED Aug. 1.5, 1902 59 yrs. 7  10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stete, or foreign country)  12. CII	18 Hours Min.
the death of the death of the please ral, and in a	13. FATHER'S NAME  Benjamin Morgan  14. MOTHER'S MAIDEN NAME  Elizabeth Smith	Box#107
hysician. ned by the iit permit. T	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (Ifyesgivewerordetesofservice) NO  18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Herrywhergie Revuelo Queenway	INTERVAL BÉTWEEN ONSET AND DEATH (Weeks.)
The law real attending plass been sign burial-transfrial, cremativial,	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.  (b) Thrombiccaylo peruin  (b) Thrombiccaylo peruin  (c) Charle Muyelyterlie Parelserum	3 mo?
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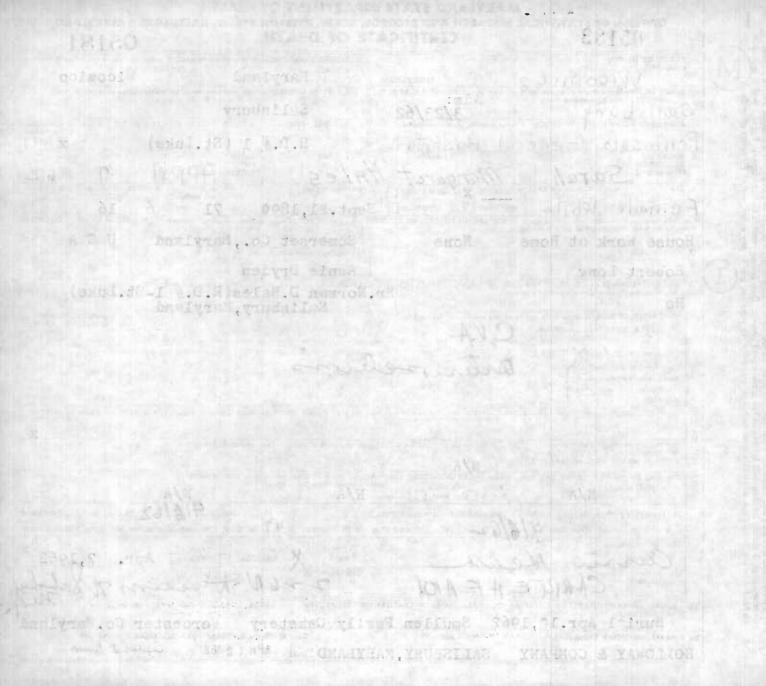
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1		DIVISION 051	N OF STATISTICA			CORD		ESTO	N STREE		ORE 1, MAR	YLAN 29	D	
NE	1.	PLACE OF DEATH a. COUNTY Wi COMICO MARYLAND				LAND	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmiss b. COUNTY  Maryland  Wicomico							
ar des		write RURAL a	(if outside corporate limits nd give nearest town) Salisbury		c. LENGTH OF STA	ys	12 5	Salis	sbury	orate limits, write	RURAL end give		wn)	
		d. NAME OF HOS	PITAL OR INSTITUTION (IF Deer's Head			ess)	d. STREET ADD		Second	Street			A FARM?	
	3.	NAME OF DECEASED (Type or print)	First Nina	1	Middle		last Grav	4	OP DEATH	Month		Ye-		
TIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executively after after safer, easy 4 may be retained by the hospital or attending physician.  FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral error, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should iffed with the State Dept. of Health prior to burial, cremation, or removal-and in any event, within 72 hours after death.		sex Female	6. COLOR OR RACE				DATE OF BIRTH	1000	9.	AGE (In years last birthday)	Months Days	IF UNDE Hours	R 24 HRS. Min.	
	10	. USUAL OCCUP	ATION (Give kind of work working life, even if retired	10b. KII	ND OF BUSINESS OR	L-1 )	May 20, 1	(County	& Stete, or		12. CITIZEN C	F WHAT	COUNTRY?	
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II		WAS DECEASED	Dixon EVER IN U.S. ARMED FORCE (Iffyes give war or dates of see		OCIAL SECURITY NO	O.   17. I		oinsc	on	Address				
burial, cremation, or rem		Conditions, if a gave rise to imme (e), stating the cause last.	ediate cause	Lery	bral of	kres		sio	scl	lunis	IN OR	rerval B NSET AND Cyr	DEATH	
	CERTIFICATION	20a. ACCIDENT OR CONTRIBUTIN	WAS UNDERLYING []		RIBE HOW INJURY							PERF YES	NO 1	
	MEDICAL C	20c. TIME OF IN Hour a.m		While	Not While		CE OF INJURY (Homory, street, office bld		201. (City	or town)	(County)		(Stete)	
with the State	4	21. I certify	that (1) (this hospital sessed alive on	al) attend	ed the deceased19, a		ATTENDING PHYS.  22d. ADDRES	at	25A M	STAFF PHYS.	and on the d	22 21,	b. DATE SIGNED 1962	
ed (4)	23	BURIAL, CREMA REMOVAL Specification of the control	ATION, 23b. DATE THERE	10F / 1	23c. NAME OF CE	ref	OR CREMATORY	Sa. REC'E	Hea LOCA	Por Igity, too		_	Stote)	
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1		MARYLAND STATE DEPARTMENT OF HEALTH	
er P		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAR 05183 CERTIFICATE OF DEATH 051	81
funer funer shoul	INA	1. PLACE OF DEATH  a. COUNTY  2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence of County)	ce before admission)
12 Se fr.	VI	Wicomico Maryland Wico	mico
4 ho by it and deap		b. CITY OR TOWN (if outside corporate limits, write RURAL and give write RURAL and give nearest town)  C. CITY OR TOWN (if outside corporate limits, write RURAL and give	nearest town)
N =- %	82	Salisbury 3/23/62 Salisbury	
filled i Pages urs afte		d. NAME OF HOSPITAL OF INSTITUTION (if not in hospitel, give street eddress)	IS RESIDENCE     ON A FARM?
		Peninsyla General Hospital R.D.# 1 (St. Iuke)	YES X NO
npletely papers 172 h		3. NAME OF First Middle Last 4. DATE Month Day OF OF	Year
V =		(Type or print) Sarah Margaret MALES DEATH HPRIL	1962
ĕ Pēs×		5. SEX   6. COLOR OR RACE 7. MARRIED   B. DATE OF BIRTH   9. AGE (In years   IF UNDER 1 YEAR   last birthday)   Mgnths   Days	IF UNDER 24 HRS. Hours Min.
		Female   While   widowed   Sept. 21, 1890   71 yrs. 6   16	OF WHAT COUNTRY?
		done during most of working life, even if retired)	
		House Work at Home None Somerset Co., Maryland U	SA
death nding p	F	Robert Long Annie Dryden	
0 0 5 5	(1)	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. 17. INFORMANTAddress	
at the at The The		(Yes, no, or unknown) (Hypergive war or dates of service) Mr. Norman D. Hales (R.D.# 1-St. Lu Salisbury, Maryland	Ke)
s the an.		IN. CAOSE OF PEATE [Enter only one cause per line for (a), (b), and (c).]	TERVAL BETWEEN
ysical bad ber per per , or		PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	TOTAL STATE
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The then s be surial, cr		gave rise to immediate cause (a), stating the underlying DUE TO	
or a or a he he he k	1	cause last. (c)	
Ital ital icat as t to b	0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
rior		20s. ACCIDENT WAS UNDERLYING     20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Pert II of item 18.)	YES NO
he he hor for the p		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  20a. ACCIDENT WAS UNDERLYING     20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Pert II of item 18.)  30b. CONTRIBUTING     CAUSE OF DEATH  30c. OR CONTRIBUTING   CAUSE OF DEAT	
by the		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County)	(State)
DIN Aff etac of H		Hour a.m. N/A While Not While Iscret, onice bidg., etc.)	
CEN OR: OB:			that (I) (we) last
ATT OF THE PROPERTY OF THE PRO		saw the deceased alive on 4/4/6.2 19 and that death occurred at 4. PM, from the causes and on the d	
Stal Stal			001 017
14 1 e	1	22a. SIGNATURE  CLUTTER  M.D. PHYS. ATTENDING MED. STAFF  PHYS. DIRECTOR PHYS. Apr.	7.1962
RA Bag	1	22c. PHYSICIAN'S NAME (Type) A 10 0 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	() 1 8
UNE Hor, p		CAUGE HE ARON TO VOUCENS	Balistan
H te H of	5	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)	(Stafe)
O PO PO P	1.	Burial Apr. 10, 1962 Smullen Family Cemetery Worcester Co.	
VR A1S (4) 15M 7/61	Be	HOT.T.OWAY & COMPANY SAT.TSBILRY MARYTAND DATE APR 1 2 '62	
15111 2   151	- 2	HOLLOWAY & COMPANY SALISBURY, MARYLAND DATE APR 1 2 '62	



700	A		05184 CERTIFICATE		RESIDENCE (Where deceased kived, if institutions Residence before edmission) b. COUNTY  R I A N D  R CESTER  OR TOWN (if outside corporate limits, write RURAL and give nearest town)  A DATE OP DEATH ARRI  9. AGE (in years   F UNDER 1 YEAR   F UNDER 24 HRS.   19 6 72  RIH  9. AGE (in years   F UNDER 1 YEAR   Hours   Min.   12. CITIZEN OF WHAT COUNTRY?  R'S MAIDEN NAME  R'S MAIDEN NAME  O'THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)   19. WAS AUTOPSY PERFORMED?  YES   NO   19. WAS AUTOPSY PERFORMED.
量量 計	MA		COLDIEN		Residence before edmission)
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			b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town)  c. LENGTH OF STAY IN 1b  c.	CITY OR TOWN (If outside corporate limits, write RURAL en	d give neerest town)
6 == 5	2		SALISBURY		
within sly filled in s. Pages hours after		D		. STREET ADDRESS	ON A FARM?
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physician remove any even	97	13.	, FATHER'S NAME	NOTHER'S MAIDEN NAME	
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. 45 5 7	1	15.	HOVEST FOVE MON.  WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORM	MANT A Address	
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8 4 . 6			18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	org rannell - were	I INTERVAL BETWEEN
- D C C			PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) Respuratory F	2 8,000	ONSET AND DEATH
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ng I ran fran	-00		Conditions, if any, which (b) atalectase		
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al, bu		н	(a), stating the underlying Sur 10 Preneturit		
the h		Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAT	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	T 1(a) 19. WAS AUTOPSY
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		THC	200. ACCIDENT WAS UNDERLYING     206. DESCRIBE HOW INJURY OCCURED. (Enter	nature of injury in Pert I or Pert II of item 18.)	
the his cell for a life pr	799	A.	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
Affer I Affer I Affer I Affer I		CAL			inty) (State)
1 2 0 0	33	MEDICAL	Hour e.m. While Not While at work at work	er, office bidg., etc.)	
may be retained DIRECTOR: A should be deta				- 3 1962 to Good 5 19	62 that (I) (we) last
S S S S			saw the deceesed alive on	occured at M. from the causes and on	the dete stated ebove.
DIRE DIRE S short			22a. SIGNATURE		22b. DAIE
1 + · · · ·					SIGNED
Page Page with	,	-	22c. PHYSICIAN'S NAME (Type)	2d. ADDRESS	
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	*	23a	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CRE.	MATORY 23d. LOCATION (City, town or count	y) (Stete)
P & S & S	0		Burial 4-1-62 Typu	Berlin, ma	ryland
VR A15 (4)	0	24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 256. REGISTRAR'S APR 9 162 Cultury S.	
15M 7/61	de		James B. Dashell Caston	/NECDATE IN UZ	-
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## may be rained by the haspitol or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be the State Board of Health priar to burial, cremation, ar removal, and in any event, within 72 hour after death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

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VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH	CERTIFIC	CATE	OF D	EATH
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05183

1. PLACE OF DEATH a. COUNTY Wicomic			MARYLAND	a. STATE	land	ere deceased	b. COUNTY	on: Residence		dmission)	
b. CITY OR TOWN (If RURAL and give ne Salisbur	arest tawn)	its, write	c. LENGTH OF STAY IN 16	10	TOWN (If a		ate limits, write R	URAL and giv	re nearest	town)	
d. NAME OF HOSPITA	AL (If not in hospitol, of College Ave	give street		d. STREET	ADDRESS	llege /	Ave.		(	S RESIDEN	SW5
3. NAME OF DECEASED (Type or print)	FILBERT	rst	Middle MARTIN	HITCH	est I	4. DATE OF DEATH	Mon Apri		Day 7	Year 196	
s. sex Male	6. COLOR OR RACE	7. MARR	NEVER MARRIED DIVORCED	B. DATE OF BIR			9. AGE (In years last birthday) 52 yrs.	Months C			HRS. Min.
10a. USUAL OCCUPATIO during most of work Surveyor	N (Give kind af wark ing life, even if retired	1	KIND OF BUSINESS OR IND elf-employed		PLACE (State	or fareign co	untry)		S. A	AT COUR	VTRY?
13. FATHER'S NAME		7701		14. MOTHER	S MAIDEN N	NAME					
Dr. Gaylo:	rd A. Hitch	1		Hel	len Fi	lbert					
TP Y	R IN U. S. ARMED FOR If yes, give war or dates of the W. II	service)		INFORMANT	abeth 1	D. Hit	ch, Same	ress			
CATIC	n mediate DUE TO	o) o :} IDITIONS (	CONTRIBUTING TO DEATH BU				MALL!	'EN IN PART	P	WAS AUTO	D?
-	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)  Y Month, Doy, Ye	ar 20d. II	NJURY OCCURRED 20e. I	PLACE OF INJURY octary, street, affi	(Hame, form	), 20f. (City		(Co	iunty)	(	(State)
21. I certify that saw the deceas 220. SIGNATURE  22c. PHYSICIAN'S NAME (Type)	t (1) (this haspita ed alive on 2	of wor	ded the deceased from 1967 and that	M.D. ATTENDIN	NG MI	M, fram	/	A	date st	22b. DA	oave.
23a. BURIAL, CREMATIO REMOVAL (Specify) Burial			23c. NAME OF CEMETERY Parsons Ceme				ION (City, town, sbury, M		nd	(State)	
24. FUNERAL DIRECTOR			ADDRESS		25a. REC'	D BY REGISTE	RAR 25b. REGI	STRAR'S SIGI	NATURE		
Hill & John	nson Co.	Salis	bury, Marylan	d	DATE	1 3 '62	Chi	hur 8. 10	me		

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## RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYL 05186 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporeta limits, c. CITY OR TOWN (If outside corporate limits, while RURAL and give nearest lown) 55ª c. LENGTH OF STAY IN 16 by an write RURAL and give nearest town) .57 filled ir Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO papers. n 72 ho completely NAME OF 4. DATE Month Day Yeer DECEASED (Type or print) DEATH 196 DINOL carbon 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH last birthday) and Months Days Hours 1898 WIDOWED DIVORCED June 10 physician TOB. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) Retired Feed Dealer Selbyville, Del. USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Then please 2 aftending Levin J. W. Hollowary Mary Lillie McCabe 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyes give wer or detes of service) remova Dorothy Holloway 221-09-2813 Selbvvill r attending physician. has been signed by the e Del 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY, Embolism 3 min wimenau IMMEDIATE CAUSE (a) burial-transit held veulricular Failurg ] if eny, which geve rise to immediate cause DUE TO (e), stating the underlying cause lest. the certificate CERTIFICATION PERFORMED? hemorrhage from GI trail, eathogenic appearatemocraticism authorition use prior 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) 20e. ACCIDENT WAS UNDERLYING [ for OR CONTRIBUTING CAUSE OF DEATH After this detached 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, ) 20f. (City or town) (County) (Stete) 20c. TIME OF INJURY Month, Day, Year factory, straet, office bldg., etc.) \_\_Not While While MEDI Hour a.m. t may be retaine. DIRECTOR: 3 should be det et work et work 21. I certify that (I) (this hospital) attended the deceased from 2-18 APY , 1962, that (I) (we) last to. saw the deceased alive on 4 PP. 1962, and that death occurred at 4.A.M., from the causes and on the date stated above. 22b. DATE 22e. SIGNATURE SIGNED ATTENDING death. rage 4 nd FOUNERAL I DIRECTOR PHYS. PHYS. M.D. 22d. ADDRESS PHYSICIAN'S NAME (Type) 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY (State) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL (Specify) Red Men Selbyville, Del. 24 FUNERAL DIRECTORS SIGNATURE ADDRESS 1/2 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 7/61 Cirthun & Theres DATE

24 hours after

The law requires that the death certificate

PHYSICIAN: the hospital or

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	05187 CERTIFICAL		BALTIMORE 1, MARYLAND
1	U518? CERTIFICA	TE OF DEATH	05185
1	PLACE OR DEATH a. COUNTY		sad lived, If institution: Residence before admissi
	WICOMICO MARYLAND	O. STATE MARY/ANG	& B. COUNTY Wicomico
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporel	e limits, write RURAL end give neerest town)
2 -	SALISBURY	X SALISBURY	Route 1
4	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)  PeninsulA General Hospital	d. STREET ADDRESS	IS RESIDEN     ON A FAR  YES \[ \begin{array}{c}     NO     \end{array}
3	NAME OF First Middle	Lost .   4. DATE	Month Day Year
	(Type or print) Robert 1105/04	HOPKINS DEATH	APRIL 26 196
S	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. A	GE (In years   IF UNDER 1 YEAR   IF UNDER 24 H
	MAJE White WIDOWED DIVORCED	tor, 1 30 1900 E	st birthdey) Months Days Hours Mi
	a. USUAL OCCUPATION (Give kind of work one Byring most of working life, even if retired)	RI 11. BIRTHPLACE County & State, or fore	ign country) 12. CITIZEN OF WHAT COUN
	Mechanic	Somerset N	1d 21.5.
1	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	7 1. 1.
	Franklin Hopkins	Bertha 1	Ticketts
1	(was DECEASED EVER IN U.S. ARMED PORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT	かとりサ/
	170	therine Hooking	Salisburk
-	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]		UTERVAL BÉTWE ONSET AND DEA
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	u of Colon	15000
	153. 8 DUE TO	0	0
7	Conditions, if eny, which (b)		
	geve rise to immediate cause (e), steting the underlying DUE TO		
	cause lest. (c)		
0 2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CON	NDITION GIVEN IN PART 1(a) 19. WAS AUTO
A TIL			YES NO
NOTACETER	200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURE OR CONTRIBUTING   CAUSE OF DEATH	D. (Enter nature of injury in Pert I or Part II of	item 18.)
MEDICAL	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PL	ACE OF INJURY (Home, farm, 20f. (City or tory, street, office bldg., etc.)	town) (County) (Sta
N C S	Hour e.m.  o.m.  19 work at work	indiy, sheet, onice bidg., etc., 1	
	21. I certify that (I) (this hospital) attended the deceased from	3-160 60210	4-26, 1962, that (1) (we
		- 15	ne causes and on the date stated a
	22e. SIGNATURE		22b. D
	100,000 R 6000 st	A.D. PHYS. C DIRECTOR	STAFF PHYS.   428
,	22c. PHYSICIAN'S	22d. ADDRESS	
1	NAME (Type)		
2	Ba. BURIAL, CREMATION, 236. DATE THEREOF 230-NAME OF CEMETERY	OR CREMATORY 234 DOCATIO	ON (City, town or county) (State
-	Surial 4/29/62 (1) riole	1/1/21	ole Md.
0/2	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRA	R 256. REGISTRAR'S SIGNATURE
	1 4 1 1/1 3 1/1	3 1	2 Outling S. Kings

Somerice, Md ... 26.5 1/66723116 Bertho Richette Franklin Hepkins Catherine Hopkins (478 Fam) Burns 1 4/29/25 (17931E Home Meanine Henrick France Role vithin 24 hours after IAL OR AITENDING PHYSICIAN: The law requires that the death certificate be ex

deex. Tage 4 may be retained by the hospital or attending physician.  Yes TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shoulds be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.		funeral	should	N	/
dea. Tage 4 may be retained by the hospital or attending physician.  Yes TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely find rector, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pure tied with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours.		lled in by the	ages I and 2	s after death.	
deam Trage 4 may be retained by the hospital or attending physician.  Yes TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and director, page 3 should be detached for use as the burial-transit permit. Then please remove care be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, where the state Dept.		completely fi	on papers. P	/ithin 72 hour	
dea. Tage 4 may be retained by the hospital or attending physician.  Yeta IO FUNERAL DIRECTOR: After this certificate has been signed by the attending in director, page 3 should be detached for use as the burial-transit permit. Then please be filed with the State Dept. of Health prior to burial, cremation, or removal, and in		physician and	remove cark	any event, w	
dea. 1739 4 may be retained by the hospital or attending physician.  Yellow INERAL DIRECTOR: After this certificate has been signed by the director, page 3 should be detached for use as the burial-transit permitted be filed with the State Dept. of Health prior to burial, cremation, or ren		e attending p	Then please	noval, and in	(
dea. 1296 4 may be retained by the hospital or attending to FUNERAL DIRECTOR. After this certificate has been director, page 3 should be detached for use as the burial-to be filed with the State Dept. of Health prior to burial, creating.	ng physician.	signed by th	ransit permit.	nation, or ren	
dea. Tage 4 may be retained by the hospit by TO FUNERAL DIRECTOR. After this certific director, page 3 should be detached for use a be filed with the State Dept. of Health prior t	al or aftendir	tate has been	is the burial-t	o burial, cren	
des. 7-39 4 may be retained  Yes TO FUNERAL DIRECTOR: Af director, page 3 should be detect  (b) be filed with the State Dept. of 1	by the hospi	er this certifi	hed for use	Health prior I	
des. Trage 4 may VSI	be retained	ECTOR: Af	ould be detac	ate Dept. of I	
/R A1S (4)	Fage 4 may	INERAL DIE	or, page 3 sh	ed with the S	
	R 15	V TO FU	S 7/6	)   eq (4)	

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS; 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 05188

CERTIFICATE OF DEATH

05186 05186

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where decassed lived, If institution: Residence before admission)
Wicomico Maryland	o. STATE Maryland Wicomico
b. CITY OR TOWN (if outside corporate limits,	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL end give nearest town) Fruitland	X Fruitland
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS   o. IS RESIDENCE
	ON A FARM?
Hayward Ave & Camden Ave	Hayward & Camden Ave.   YES   NO X
DECEASED	Last 4. DATE Month Day Year OF
	UMPHREYS   DEATH APRIL 5th 1962
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.    Last birthday)   Months   Days   Hours   Min.
Female White WIDOWED DIVORCED	July 26,1869 92 yrs. 8 Days Hours Min.
10a. USUAL OCCUPATION (Giva kind of work TIOB. KIND OF BUSINESS OR INDUSTR	
House Work at Home None	Wicomico Co. Maryland USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
To ad all. Tule	3/ 13 77 3
Josiah Johnson  15. Was deceased ever in u.s. armed forces?   16. social security no.   17.   1	Martha Humphreys
(Yes, no, or unkown) (Ifyesgivewerordatesofservice)	s. Ula Pennewell (Daughter)
110	
18. CAUSE OF DEATH (Enter only ona cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) Degenerative (	Cardiovascular Disease 10 years
The DUE TO	
geve rise to immediate cause	
(e), stating the underlying DUE TO	
cause last. (c)	TOTAL ATTENDED TO THE TENUM AND DESCRIPTION OF THE WAY AND THE WAY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
CAI	YES NO TO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  200. ACCIDENT WAS UNDERLYING   200. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Pert I or Part II of item 18.)
	ACT OF INVENTOR III I I ACT (C'IV. I I I I I I I I I I I I I I I I I I
Hour a.m. While Not While fect	ACE OF INJURY (Home, farm, '20f. (City or town) (County) (State) fory, street, office bldg., etc.)
p.m. 19 af work et work	
	Jaly 1961, to Here! 5 , 1962, that (1) (=) last
saw the deceased alive on 3-28 1962, and that	deeth occured a C.S.A.M., from the causes and on the date stated above.
220. SIGNATURE	ATTENDING_ MED. STAFF / SIGNED
Longe H. Henning M	ATTENDING MED. STAFF PHYS. April 6 /1962
22c. PHYSICIAN'S Dr. Robert T. Adkins.	22d. ADDRESS
Dr. George H. Henning	Fruitland, Maryland
23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY	
REMOVAL (Specify)	Cemetery Salisbury, Maryland
Burial Apr. 9, 1962 Parsons 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	Cemetery Salisbury, Maryland  259. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
	APR 9 162 Orthur & Thomas
HOLLOWAY & COMPANY SALISBURY, MA	RYLAND

icomies comesi RETRINED N E - 102 W JULY 26 1860 - 102 W TE was the second of coleon the second second second second (redrawd) Lieneman s 11.821 nne Cyfriff, yn ait fife yn earstain Camerany Stiffig yn y Cyfry enw MONTH & CONTACT BALLSHILL, MANY MED

1 70 70	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 05187
the funeral d 2 should with:	1. PLACE OF DEATH  e. COUNTY  UCOMICO  MARYLAND  b. CITY OR TOWN (if outside corporate limits,  c. LENGTH OF STAY IN 1b  2. USUAL RESIDENCE (Where deceased fived, If institution: Residence before admission)  e. STATE  Maryland  C. CITY OR TOWN (if outside corporate limits, write RURAL end give neerest town)
filled into	SALISDURY  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)  d. STREET ADDRESS  o. 15 RESIDENCE ON A FARM?
pletely apers. 72 hor	3. NAME OF DECEASED (Ive or print) MET TCCA DTANE
and carbo	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH  FEMALE WHOWED DIVORCED MARCH 19, 1962  9. AGE (In yeers If UNDER 1 YEAR IF UNDER 24 HRS.  Months Days Hours Min.
physice rem	None
equires that the death physician. gned by the attending isit permit. Then pleas ion, or removal, and it	Richard Allen James  15. WAS DECEASED EVER IN U.S. ARMED FORCES?  16. SOCIAL SECURITY NO. 17. INFORMANT  (Yes, no, or unkown) (Iffyes give were relates of service)  NO  1012 Cecil St. Salisbury, Maryland  PART I. DEATH WAS CAUSED BY:  NO  PART I. DEATH WAS CAUSED BY:
The law rattending as been sis burial-tranial, cremati	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (e)  DUE TO  Conditions, if any, which give rise to immediate cause  (e), stating the underlying  DUE TO  DUE TO  DUE TO
PHYSICIAN the hospital of his certificate for use as the prior to but	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?  YES DO. ACCIDENT WAS UNDERLYING DO. CONTRIBUTING COURSE. (Enter neture of injury in Pert I or Part II of item 18.)  OR CONTRIBUTING CAUSE OF DEATH  OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)
DING hed by After etacher of Hea	ZOc. TIME OF INJURY Month, Dey, Yeer Hour e.m.  p.m.  19  20d. INJURY OCCURRED Solve PLACE OF INJURY (Home, ferm, 20f. (City or town) (Slete) fectory, street, office bldg., etc.)
DIRE 3 shou	21. I certify that (1) (this hospital) attended the deceased from 1962, and that death occurred at 2.5M, from the causes and on the date stated above  22e. SIGNATURE  ATTENDING PHYS.  ATTENDING PHYS.  DIRECTOR  STAFF PHYS.  4/4/62,
o Heart Page 4 O History, page 3 be filed with th	22c. PHYSICIAM NAME (Type Pr. Alfred C. Kolls  22d. ADDRESS Medical Center Sulching, Many Many (Stote)  23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (CM, town or county) (Stote)
VR A1S (4)	Parsons Cemetery  Salisbury, Maryland  Apr. 5, 1962  Parsons Cemetery  Salisbury, Maryland  Address  HOLLOWAY & COMPANY  SALISBURY, MARYLAND  Date APR 9 '62  Apr. 5, 1962  Apr. 5, 1962  Parsons Cemetery  Salisbury, Maryland  Address  Apr. 5, 1962  Apr. 6, 1962  Apr. 6
	2 2/12 262

19 Benzyran Sed Lebrery Harry Lond Bearing of errouse The said of say to the state of the said tremsturity (Bush we loogyns - current of 1500 mis allow C Holle uniel spr. 5, 1962 . Trong Cometory . Sett aug. Settle - GRAITEAS, TAUSTATAN TA MANOS - YANGE SO

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 05190 CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) e. COUNTY b. COUNTY Wicomico Marvland by the and 2 death. 1 comic à MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest lown) filled in Pages 1 Salisbury (Rural) hours after ISBUT NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS Shad Point eninsu Name of completely papers. DATE 72 DECEASED OF (Type or print) HERMAN DEATH within carbon COLOR OR RACE In years | IF UNDER 1 YEAR DATE OF BIRTH and birthday) Months 2 Jan. 24.1893 WIDOWED DIVORCED physician ever remove USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) Contractor & Builder Salisbury, Maryland
14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Samuel P. Jenkins Mary Belle Dailev affend Mrs.Nora E.Jenkins(Wife)R.D.#1(Shad Point Salisbury, Maryland 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. L 17. INFORMANT (Yes, no, or unkown) | (If yes give we ror detes of service) No signed by the 18. CAUSE OF DEATH |Enter only one cause per line for (e), (b), end (c). PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (e) the burial-transit DUE TO certificate has been gave rise to immediate cause DUE TO (e), steting the underlying burial, cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED CERTIFICATION use as 0 prior 20e. ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING [ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) After Month, Dey, Yeer 20d. INJURY OCCURRED 20c. TIME OF INJURY 20e, PLACE OF INJURY (Home, ferm, 20f. (City or town) factory, street, office bldg., etc.) Hour e.m. Not While 3 should be del et work el work N/A p.m 21. I certify that (I) (this hospital) attended the deceased from 23 1962, and that death occurred at 2.3 M, from the causes and on the date stated above. saw the deceased alive on...... 22e. SIGNATURE ATTENDING DIRECTOR PHYS. PHYS. director, page be filed with th TOUL FUNERAL 22c. PHYSIC AN'S 22d. ADDRESS NAME .Joseph Pine Bluff Road-Salisbury, Maryland C. Fitzgerald 23a, BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify)
Burial 1962 Shad Point Cemetery Salisbury, Maryland 25a, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS aritua S. Thomas 15M 7/61 HOLLOWAY & COMPANY SALISBURY, MARYLAND DATE APR 4

RYLAND STATE DEPARTMENT OF HEALTH

e. IS RESIDENCE ON A FARM?

YES NO X

19

Hours

INTERVAL BETWEEN ONSET AND DEATH

c.mu

19. WAS AUTOPSY

(County)

PERFORMED? NO

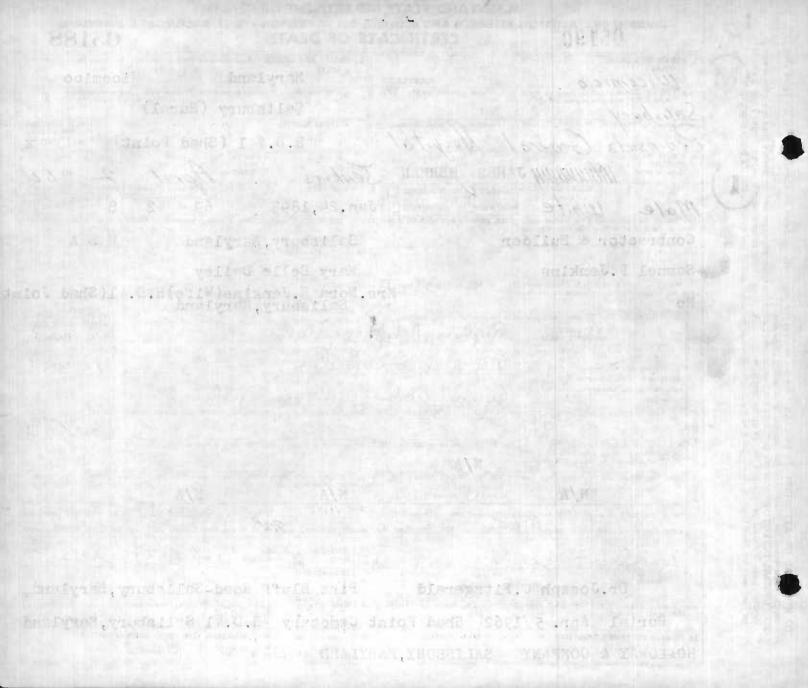
(State)

22b. DATE

SIGNEDI

IF UNDER 24 HRS.

The law requires that the attending physician. PHYSICIAN: VR A15 (4)



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afte nune ihou	AI		LACE OF DEATH				11		ICE (Where d			idenca before admission)
the factor of the fath.			. COONT	Wicomi	co	MARYLAI	ND e. STA	Mar	yland	b, COU	Wice	omico
by thank		t	o. CITY OR TOWN (if	outside corporate limi give neerest town)	ts, c.	LENGTH OF STAY IN	1 1b c. CIT	Y OR TOWN	(If outside cor	porate limits, writ	e RURAL end g	jiva neerest town)
n 2 d in es 1	82			Salisb			12		isbur	у	ardored	
filled Page ars a	000		I. NAME OF HOSPIT	AL OR INSTITUTION (	if not in hospitel,	, give street eddress)	d. STF	EET ADDRESS				IS RESIDENCE     ON A FARM?
	#F			Pen Ge	n Hosp			512				YES NO
cuts plet plet 72	1		NAME OF DECEASED	First	т А	Middle		ast ONT	4. DATE OF DEATE	Mont		Day Yeer
completely on papers.	1	5.	(Type or print)	DEL		E.	JOHNS D. B. DATE OF			H APF		5th 1962
and co				6. COLOR OR RACE						last birthday)	Months De	
ye ve			'emale	White ON (Give kind of work	WIDOWED [	DIVORCED OF BUSINESS OR INE		5,188		yrs.	12. CITIZE	 EN OF WHAT COUNTRY
rtific /sici		dor	ne during most of wor	king life, even if retire								
phy se re			FATHER'S NAME	at Home		None	14. MOTH	ER'S MAIDEN	I NAME	Marylar	ia	USA
ding ding pleas		T	oshua T.	Powell			Ann	ie E	Serma	71		
Hen		15.	WAS DECEASED EVE	R IN U.S. ARMED FOR	CES?   16. 500	CIAL SECURITY NO.	17 INFORMA				3 7 7 7	12 Truitt
at the at Th Th			o, no, or unkown) (If	yes give weror dates of s	ervice)		Mr.Mari Stre	on C.	Salid	on(Huse bury, Ma	ana 15.	12 Trultt
ian.				EATH [Enter only one	cause per line f	or (e), (b), end (c).]	- 1 0	0	DOTTE	bury, 11c	tr A Terri	INTERVAL BETWEEN
ysic ysic bd b ber per				I WAS CAUSED BY: MMEDIATE CAUSE (0)	Cer	harde	They		m.			mull
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N: or or e ha	1		cause last.	) (c)								100 110
icat as as to to	0	CERTIFICATION	PART II. OTHER	SIGNIFICANT CONDI	TIONS CONTRIE	BUTING TO DEATH BI	UT NOT RELATED	TO THE TERM	INAL DISEASE	CONDITION GI	VEN IN PART 1	PERFORMED?
rsi hosp sertii use use		FICA	20a. ACCIDENT WA	S LINDERLYING	20h DESCRIB	E HOW INJURY OCC	TIPED /Enter nets	re of injury is	Part I or Part	II of item 18 )		YES NO X
PHY the l his c for th		CERTI	OR CONTRIBUTING	CAUSE OF DEATH	/		LOKED, TERROT ROLL	ire or injury ir	TON TO THE	ii or nein to.,		
bed Heal			20c. TIME OF INJUI		or   20d. INJU		e. PLACE OF INJU	RY (Home, fai	m, 20f. (Ci	ty or town)	(Counfy	y) (State)
Aff of of		MEDICAL	Hour a.m.	N/A 19	While et work	Not While et work	factory, street, o		c.)	N	/Δ	
OR OR		2	p.m.	nat (I) (this hospi			C.	-17	195 / 10	4-13	1967	that (I) (we) las
Med at				ed alive on	1 -12			cured 6				e date stated above
Sta Sta			220. SIGNATURE	6 0	0							22b. DATE
14 1 e 4 e 3 e 4 e 4 e 6 e 3 e 6 e 6 e 6 e 6 e 6 e 6 e 6 e 6				Engl	L VS	<b>^</b> •	M.D. PHYS	DING	MED. DIRECTOR	STAFF PHYS.	April	16 /1962
RA Page	1		22c. PHYSICIAN'S NAME (Type)			X	22d.	ADDRESS				
ath. rege FUNERAL	-				.Royer	J	407					, Maryland
0= 0		23a	BURIAL, CREMATIC	ON, 236. DATE THE	REOF 23	Ic. NAME OF CEME				CATION (City, to		(State)
H H	0		Burial	Apr.18	,1962		s Cemet			alisbur		
VR A15 (4) 15M 7/61	Ta		FUNERAL DIRECTOR		75 01-	ADDRESS	A PART A STO			STRAR 256. RE		
	1111	L	OLLOWAY	& COMPAN	Y SAL	ISBURY, M	ARYLAND	DATE	PAPR 1	7 '62	arthur !	1. Thous

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

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Cemetery Scilencery Persina	The second second		ICH TOWN

1	05192 CERTIFICATE OF DEATH	05190
) 1.	PLACE OF DEATH  2. USUAL RESIDENCE (Where decesed lived, if in:  5. COUNTY  6. COUNTY  6. COUNTY  6. COUNTY	
-	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write R	CURAL and give nearest town)
2	WILLSBURY STOCKTON	1 23x.2
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) . d. STREET ADDRESS  R. F. D. 1 BOX 121	a. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF 1 First Middle Last 4. DATE Month	Dey Yeer
	OF DECEASED (Type or print) BESSIE GERTRUDE JONES DEATH APRIL	16 1962
5.	Les birthdey)	FUNDER 1 YEAR   IF UNDER 24 HRS. Months   Deys   Hours   Min.
	EMALE While WIDOWED DIVORCED OCT. 27, 1900 61 yrs.  B. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY) 11. BIRTHPLACE (County & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY
de	NONE  MARYLAND	U.S.A.
13	FATHER'S NAME	
	MARION T. JONES  WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT  Address	F.D. 1 Box 121
(4	es, no, or unkown) (Ifyesgivewerordelesofservice) - M. MERVIN JONES, STOCKS	ON, MARYLANI
	1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]  PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (a) Acule 1190 Cazollal In	force Few M
8 8	Conditions, if ony, which (b) Custeriosclerolic Heart	Dis. Hear
	geve rise to immediate cause (e), stating the underlying DUE TO  Diabetta Melluti	ИО
Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVE	N IN PART 1(0) 19. WAS AUTOPSY
ATIO	Chonie Renal disease	YES NO
RTIFIC	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part II of item 18.) OR CONTRIBUTING   CAUSE OF DEATH	
AL C	(IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Doy, Yeer   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, / 20f. (City or town)	(County) (State)
MEDIC	Hour e.m.  While Not While fectory, street, office bldg., etc.)  p.m. 19 at work at work	
	21. I certify that (I) (this hospital) attended the deceased from Jan 19 00 to Chris	1/G19.62 that (I) (we) las
	saw the deceased alive on	nd on the date stated above
	David Rath ho. M.D. ATTENDING MED. STAFF DIRECTOR DIRECTOR PHYS.	SIGNE
	22c. PHYSICIAN'S NAME (Type) DAVID RAFAT 22d. ADDRESS Snow	Hill Md
22	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY 23d. LOCATION City, town	or county) (State)
23	REMOVAL (Specify) 4-19-62 REMSON METHODIST RURAL-POCOMIC	OKE CITY MARYLAN
1	FUNERAL DIRECTOR'S SIGNATURE ADDRESS   258. REC'D BY REGISTRAR   256. REGI	STRAR'S SIGNATURE
16	1) 1 2/ 1/ 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	thus & the

MARYLAND STATE DEPARTMENT OF HEALTH

SHITTE ENTERLY HOW THE TREE IS BEELET The same same some seems Cen 27 1900 21 TEMPLE TEMPE ANNE E JENES MATTERN T. JOHES THERPIN TONES STOCKLOW THERESELVE September 19 Total Control of the Co TO SILL TO SELVE GE FEINS ON METHODISE FORTH PERMITTE STILL MINING The fast of the state of the man to the state of the stat

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 05193 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decassed lived, If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearast town) .57 NNE TINCESS filled d. NAME OF HOSPITAL OF INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE hours ON A FARM? YES NO completely eninsula papers. NAME OF Middla Last 4. DATE Month Day Yaar DECEASED OF (Typa or print) DEATH 19 AGE (IN years | IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) Months Days Hours event. WIDOWED DIVORCED attending physician Then please remove 10a. USUAL OCCUPATION (Give and of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY dona during most of working lifa, avan if retirad) House Atlantia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME death C and Stanford Cathrine 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT removal (Yas, no, or unkown) | (If yas give war or dates of service) Jackson, Frincess Anne, Maryland Agnes requires that the permit. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN þ ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gava risa to immadiata causa DUE TO (a), stating the underlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING \_ CAUSE OF DEATH be retained by the CTOR: After this DIRECTOR: After the 3 should be detached MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (Stata) factory, straet, offica bldg., etc. Not Whila Whila Hour a.m. at work at work 190 Line that (I) Ywe) last 21. I certify that (I) (this hospital) attended the deceased from ... saw the deceased alive on ... 22a. SIGNATURE 22b. DATE ATTENDING MED SIGNED STAFF PHYS. DIRECTOR PHYS. rector, page FUNERAL M.D. 22d. ADDRESS NAME (Type) 23d. LOCATION (City, town or county) 23a, BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (State) 0.58 REMOVAL (Spacify) rincess Anne . arvland ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 7/61 APR 2 7 '62 Jr. Princess Anne larylandate arihung & France

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VR A15 (4) 1SM 7/61

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

05194

CERTIFICATE OF DEATH

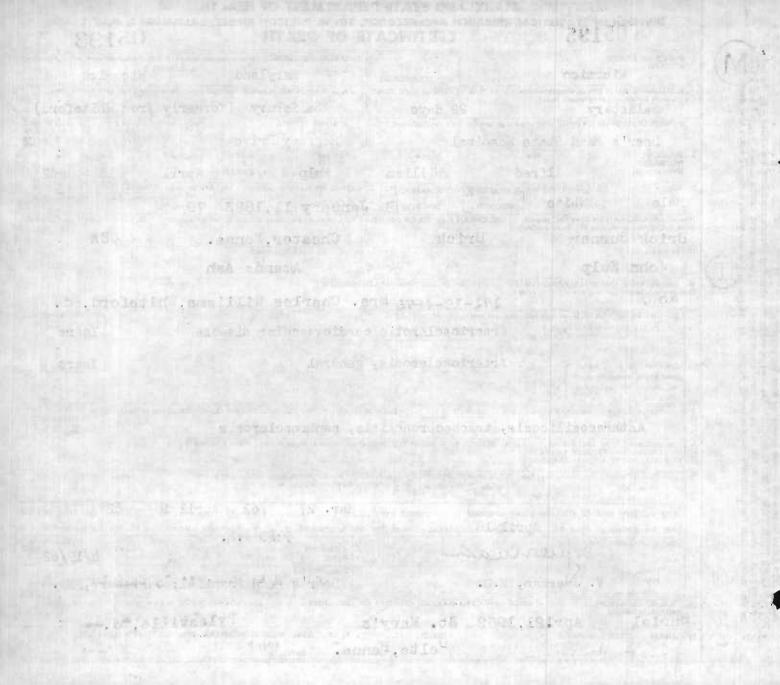
05192

	201								00	LUM	_
1. PLACE OF DEATH	I			2. USUAL RE	SIDEN	CE (Where de			Residenc	e before o	dmission)
	Wicomico		MARYLANI	a. STATE	Marv	land	b. COU		omi	CO	
b. CITY OR TOWN (	if outside corporate limit	s,	c. LENGTH OF STAY IN 1				orate limits, writ				(n)
Write KUKAL end	Salisbury		2Mos. 6Days	12	Gal:	sburv					
d. NAME OF HOSPIT	TAL OR INSTITUTION (i	not in hos	spital, give street eddress)	d. STREET AL		Sbury			-	l e. IS R	ESIDENCE
										ON.	A FARM?
3. NAME OF	Deer's Head	i Star			TT06		n Avenu			-	NO.
DECEASED	First		Middle	Last		4. DATE OF	Mont	h	Day	Yeer	r
(Type or print)	Mart	tha	Ellen	Kolb	best .	DEATH	Apr	il	6	19	62
5. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	B. DATE OF BIRTH		9	AGE (In years			IF UNDER	24 HRS.
Female	White	WIDOWE		March 13,	187	1,	last birthday)	Months	Deys	Hours	Min.
10a. USUAL OCCUPAT	ION (Give kind of work	10b. K	IND OF BUSINESS OR INDU					12. CIT	IZEN OI	F WHAT C	OUNTRY
done during most of wo	rking life, even if retired	4)									
Unk.			Unk.				aryland		U.	S. A	1.
13. PATHER'S NAME				14. MOTHER'S A	AAIDEN	NAME					
	es Edward M			Mar	y Ro	se XXX	XXX Mar	riett			
1S. WAS DECEASED EV (Yes, no, or unkown)   (I	ER IN U.S. ARMED FOR	CES?   16.	SOCIAL SECURITY NO. 17	. INFORMANT			Addres	1			
44 to 18	Unk.	TVICO)	Unk.	Hospital :	Reco	rds	Salish	W. WILL	arv	land	
	EATH  Enter only one	cause per l	line for (e), (b), end (c).]	alobjour octur.		- W - W - W - W - W - W - W - W - W - W	5004.450	- J		ERVAL BET	TWEEN
PART I. DEAT	H WAS CAUSED BY			Toilune					ON	12 Ho	DEATH
	IMMEDIATE CAUSE (.)_	a C	ute Myocardia	T tarrare						TZ MC	JULIS
	DUE TO										
Conditions, if eny		H.	- ASCVD							Years	5
gave rise to immedi (e), steting the u											
cause last.	(c)										
Z PART II. OTHER	SIGNIFICANT CONDIT	IONS CON	TRIBUTING TO DEATH BUT	NOT RELATED TO THE	ETERMIN	AL DISEASE	CONDITION GIV	EN IN PART	1(0)   15	9. WAS A	UTOPSY
E P		-	electans Left								RMED?
200. ACCIDENT W.	AS LINDERIVING TO 1		CRIBE HOW INJURY OCCUI		stress to f	Dant Lau Dant II	of Hom 10 1			- A	NO [·]
OR CONTRIBUTING	CAUSE OF DEATH	100. 510	TOWN MOOK! OCCO	KED. (Enter herore of it	Hark til i	en i oi ren a	of them 18.7				
20c. TIME OF INJU	RY Month, Day, Yes	r   20d.	INJURY OCCURRED   200. I	PLACE OF INJURY (Ho	me, farm	, ; 20f. (City	or town)	(Cou	nty)		(State)
Hour e.m.	10	While	Not While	factory, street, office bl	dg., etc.	)					
Print	19			0/5/60	-		1.16160				
21. I certify i	het (I) (this hospit	al) atten	ded the deceased from	m. 41.21.94	······/	19, to.	4/0/02	, 19.	, th	iat (I) (	we) last
	ed alive on	21.02		nat death occured	d et	M, from	the causes	and on t	he de	te stated	d ebove
22e. SIGNATURE	10 h	rala	hu.	M.D. ATTENDING	7	LOP M	STAFF PHYS.	1./	6/62		. DATE SIGNED
22c. PHYSICIAN'S	17.			22d. ADDRE	\$5			4/	0,02		
NAME (Type)	L. Malo	lve, 1	M. D.	Deer!	s He	ad Sta	te Hosp	ital -	Sa	lisbu	ry, M
23a. BURIAL, CREMATI	ON, 23b. DATE THER	_	23c. NAME OF CEMETER	Y OR CREMATORY		23d. LOC	ATION (City, to	wn or county	/)	(5)	tete)
Burial (Specify)	4/10/62		Mount Olivet	Cemetery		Frede	rick		Mar	ylane	l.
24 FUNERAL DIRECTOR	'S SIGNATURE	oule	CLADDARY FL	delen 2	5a. REC	D BY REGIST	RAR 25b. RE	GISTRAR'S	SIGNAT	URE	
A.R. Etchisen	& Son Free	leric		/	AMPR	1 0 '62	an	hun 8. 1	Traus		
					1.70 ft p	, , , , ,	1		-		

Jim the spines scoll and watered around a second constant of the second constant STATISTICS OF STORE OF sensitive and when what and and and selections and selections are a selections. d.R. sportson & Son, frederick, aryland. Dec 200 from A 200 from

	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND  CERTIFICATE OF DEATH  05193
M)	1. PLACE OF DEATH a. COUNTY Wicomico Waryland  2. USUAL RESIDENCE (Where decessed lived, if institution, Residence before edmission b. COUNTY Wicomico  MARYLAND
91	b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town)  Salisbury  c. LENGTH OF STAY IN 1b  C. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town)  A Salisbury (formerly from Whiteford)
	d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street eddress)  Deer's Head State Hospital  On A FARM?  YES \[ \] NO \[ \]
	3. NAME OF First Middle Last 4. DATE Month Day Yeer OF (Type or print) Alfred William Kulp DEATH April 18 1962
	5. SEX Male  6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Months  9. AGE (In years last birthday) Months Deys Hours Min.
	10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Brick Burner  Brick Chester, Penna.  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME
I	John Kulp  Amanda Ash  15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT  Address
2	18. CAUSE OF DEATH   Enter only one cause per line for (a), (b), end (c).]   18. CAUSE OF DEATH   Enter only one cause per line for (a), (b), end (c).]   PART I. DEATH WAS CAUSED BY:   IMMEDIATE CAUSE (e)   Arteriosclerotic cardiovascular disease   ONSET AND DEATH Years
	20e. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of item 18.)  20c. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of item 18.)  20c. TIME OF INJURY   Month, Dey, Yeer   20d. INJURY OCCURED   20e. PLACE OF INJURY (Home, farm, 20f. (City or town)   (County)   (Stele)   4 work   19 work
1	saw the deceased alive onApril 161962, and that death occured atM, from the causes and on the date stated above  22e. SIGNATURE  ATTENDING PHYS.  DIRECTOR PHYS.   22d. ADDRESS NAME (Type) V. Jerman, M.D.  22d. ADDRESS Deer's Head Hospital; Salisbury, Md.
30	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) (State)  PUTIAL April 1, 1962 St. Mary's Pylesville Wid.  2. VUNERAL DIRECTOR'S SIGNATURE elta, Penna. 25b. REGISTRAR'S SIGNATURE olta, Penna. 25b. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE olta, Penna. 25b. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE olta, Penna. 25b. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE olta, Penna. 25b. REC'D BY REGISTRAR'S SIG

MARYLAND STATE DEPARTMENT OF HEALTH



RYLAND STATE DEPARTMENT OF HEALTH Diffice of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before edmission) e. COUNTY necessary, ector. Page files. e. STATE b. COUNTY Wicomico MARYLAND b. CITY OR TOWN (if outside corporele limits. c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) c. LENGTH OF STAY IN 16 y is necession director. 6 write RURAL end give neerest town) Vour D. O. A. Salisbury Salisbury . d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) . IS RESIDENCE for Boa ON A FARM? funeral YES NO X Philip Morris Drive refained State Peninsula General Hospital 3. NAME OF 4. DATE Month Dev Year DECEASED OF to the the DEATH (Type or print) 19 Irving Robert Larson 9. AGE (In yeers | IF UNDER 1 YEAR | with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH IF UNDER 24 HRS. S. SEX 2 with 3 last birthday) age 5 may 1 and 2 wit 72 hours a Months Hours and WIDOWED [ DIVORCED July 4, 1947 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stele or foreign country) 12. CITIZEN OF WHAT COUNTRY? Page done during most of working life, even if retired) should be executed within zames 1, and in pencil in Item 18. Give Pages 1, and in pencil in Item PM3. Page Minnesota U. S. A. Student pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Leah Gagnon File Irving L. Larson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (If yes give wer or detes of service) permit. Mr. Irving L. Larson, Same 18. CAUSE OF DEATH lenter only one cause per line for (e), (b), and (c), l INTERVAL BETWEEN Office along v burial-transit p moval, and in ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Sub-arachnoid hemorrhage Sudden IMMEDIATE CAUSE (e) DUE TO removal. Aneuryzm of basilar artery Conditions, if env. which (b) Years geve rise to immediate cause N 10 DUE TO (e), steting the underlying 50 Examiner ö pesn cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(\*)) 19, WAS AUTOPSY CERTIFICATION PERFORMED? word 90 NO -Medical MEDICAL EXAMINER: This plnous 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) PRIMARY or CONTRIBUTING CAUSE OF DEATH. Chief age 3 MEDICAL 20c TIME OF INJURY Month, Dev. Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stete) age fectory, street, office bldg., etc.) While Not While Hour e.m. the R. Pa et work et work to the OR: P ease execute the certificate, should be forwarded to the FUNERAL DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion Suicide Homicide Undetermined manner death resulted from: Matural causes Y Accident CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE Earl L. Rover, M.D. EXAMINER'S 22b. DATE THERE FIND CT 22c. NAME OF CEMPTERT OF CHANGE NAME (Type) DEP Pict | 22d. LOCATION (City, town, or country) 22e. BURIAL, CREMATION, (Stete) REMOVAL (Specify) ₽40 p Salisbury, Maryland Wicomico Memorial Park Burial 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. A15ME Johnson Co. Salisbury, Maryland DATAPR 9 arthur & Kraus SM 9/60

THE RESIDENCE OF THE PARTY OF T That wonder the common was a series of the commo

05197 TO HO TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exect within 24 hours after death. Age 4 may be retained by the hospital or attending physician.

IO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then place-remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. 15M 7 61

MARYLAND STATE DEPARTMENT OF HEALTH

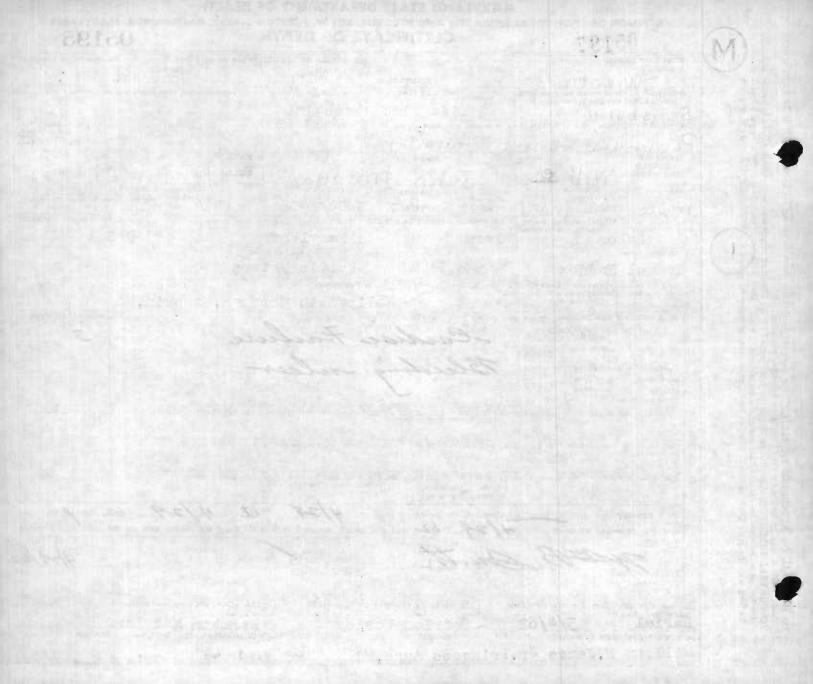
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

OF 107

CERTIFICATE OF DEATH

OF 195 05195

	PLACE OF DEATH		2. USUAL RESIDENCE	E (Where decessed lived, If institution: Re:	sidence before admission)
	. COUNTY		Maryland	b_COUNTY	
-	o. CITY OR TOWN (if outside corporate limits,   c. LENG	MARYLAND TH OF STAY IN 16		SOMERSOU outside corporete limits, write RURAL end	give negrest town)
	write RURAL and give negrest town)	and the state of		outside corporate minus, who were the	2
5	013019	e Time	Manokin	19	Xix
	A. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give	street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
IY	eninsula General Ho:	Istige			YES NO
3.	NAME OF First	Middle	Lest	4. DATE Month	Day Yeer
	DECEASED (Type or print)	m	v. 66.0	DEATH DPRIL	1962
S.	SEX 6. COLOR OR RACE 7. MARRIED NEV	R MARRIED   8.	DATE OF BIRTH	9. AGE (In yeers   IF UNDER 1 Y	The state of the s
1	\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	N MARKIED	- 1-1 1	last birthday) Months De	nys Hours Min.
	nale Megro MIDOWED	DIVORCED X		) 54 yrs.	EN OF WHAT COUNTRY?
	USUAL OCCUPATION (Give find of work and be during most of working life, even if retired)	SINESS OR INDUSTRY	11. BIRTHPLACE (Count		
	Labor   Farm		Maryland	US	o A
13.	FATHER'S NAME		14. MOTHER'S MAIDEN I	NAME	
	Samuel Maddox		Kattie Wa	ters	
15.	WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SE	CURITY NO.   17. IN	NFORMANT	Address	
(Ye.	s, no, or unkown) (If yes give wer or detes of service)	E3.	trobath da	ttman, Manohin, Md	
-	10. GRIVEN ON DERMY II.		TSane cir oc	o unari, marion lii, Mu	INTERVAL BETWEEN
	1B. CAUSE OF DEATH [Enter only one cause per line for (e), PART I. DEATH WAS CAUSED BY:		7 ' /		ONSET AND DEATH
	IMMEDIATE CAUSE (e)	rdiac	. Faile	ile	3
	7 5 V DUE TO		THE RESERVE OF THE PERSON NAMED IN		
	Conditions, if any, which \ (b)	edun	- look		
	gave rise to immediate cause	7			
	(e), stating the underlying cause last.				. 144 - 12 19
7	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT	PELATED TO THE TERMIN	IAL DISEASE CONDITION GIVEN IN PART 1	(a) 19 WAS AUTOPSY
10	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BOT NOT	RELATED TO THE TERMINA	THE DISEASE COMMITTION OF THE WAY AND A	PERFORMED?
S					YES NO
CERTIFICATION	2Da. ACCIDENT WAS UNDERLYING [   2Db. DESCRIBE HON OR CONTRIBUTING [] CAUSE OF DEATH	V INJURY OCCURED.	(Enter neture of injury in P	Pert I or Part II of item 1B.)	
8	(IF EITHER, NOTIFY MEDICAL EXAMINER)				
3	20c. TIME OF INJURY Month, Day, Year   2Dd. INJURY OC		E OF INJURY (Home, ferm		y) (Stete)
MEDICAL	Hour e.m. While Not V	Vhile tecto	ry, street, office bldg., etc.		
>	p.m. 17		11/28	10/10 11/10 0 10	* 11 - 112 / - \ 1 - 1
	21. I certify that (I) (this hospital) attended the	deceased from	9/20	1967, to 4 2 9 186	that (v) (we) last
	saw the deceased alive on	and that	death occured at.D	A.M. from the causes and on th	
	22a. SIGNATURE	4	ATTENDING M	AED. STAFF	22b, DATE
	West O Court	M.I	DILLYC CO	IRECTOR PHYS.	4/29/62
	22c. PHYSICIAN'S		22d. ADDRESS		//
	NAME (Type)				
230	BURIAL, CREMATION, 23b. DATE THEREOF   23c. NA	ME OF CEMETERY C	R CREMATORY	23d. LOCATION (City, town or county)	(Stete)
95	REMOVAL (Specify)				2
	urial   5/4/62   C.a.	rles Wes		Menokin Maryland	
24		DRESS	2000	'D BY REGISTRAR 25b. REGISTRAR'S SI	GRATUKE
43	illiam H. James Jr. Princes	s Anne M	d DATE	MAY 1 162 011	10



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) a. COUNTY b. COUNTY 100 mico MARYLAND ccoma CITY OR TOWN (if outside corporate limits, TOWN (If outside corporate limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 1b write RURAL end give nearest town) ⊆ d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) e. IS RESIDENCE ON A FARM? YES NO enera NAME OF Middle DATE Month Day Year DECEASED OF (Type or print) DEATH and cor 9. AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthdey) Months Days physician USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAM .5 CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which (b) gave rise to immediate cause DUE TO (e), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) | 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO Z 20a. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY 2Dd. INJURY OCCURRED 2De, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete) Month, Dey, Year fectory, street, office bldg., etc.) While Not While Hour e.m. at work et work 30 19.62 that (1) (we) last 30........19.622 and that death occurred at f.C.-M., from the causes and on the date stated above. saw the deceased alive on..... 22b. DATE 22e. SIGNATUR ATTENDING SIGNED MED. STAFF -DIRECTOR PHYS. PHYS. M.D page 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete) 23a. BURIAL, CREMATION, 0.58 EMOVAL (Specify 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) Culing S. France 15M 7/61

ABAUT TO LAKE VII givia accome Will Drie Makomie Perk Sucisbury Peningale Heneral H Metthews APRIL 30 62 Mikton Jan 11/12 50 make Joger Truck Driver Placeyland U.S.A. Laborer Jeses Matthews Minnie Hinman Ves whit 228-67-185 Inna Mettlews Makemietarly 16 Derial 5+3-62 Trusalen Con Temprencially Va. Die zureicht der Wen Church, Vi.

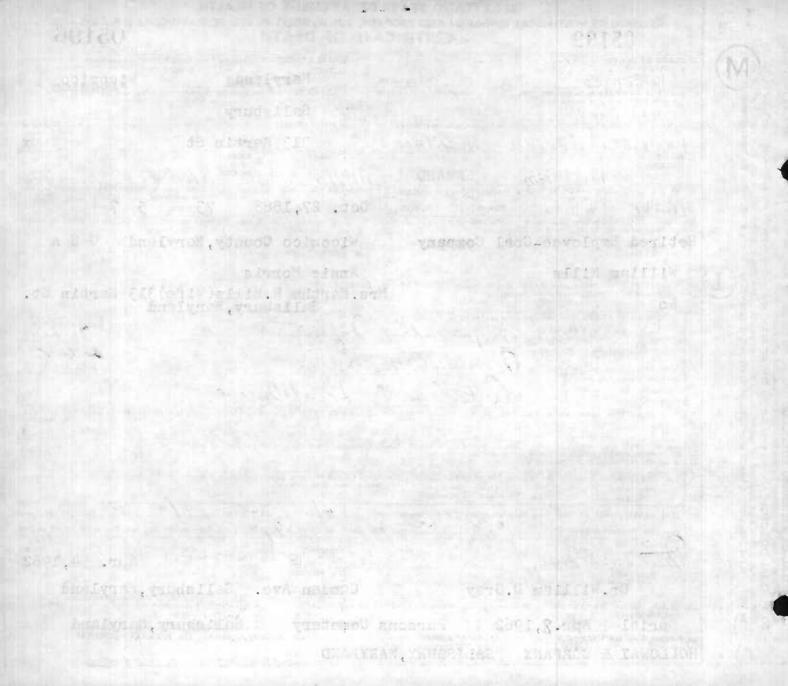
SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be expected within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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## VR A15 (4) 15M 7/61

MARYLAND STATE EPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 05196

	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Re	esidence before edmission)
1/	e. COUNTY	a. STATE Manual ond b. COUNTY	nomi co
-	b. CITY OR TOWN (if outside corporate limits.   c. LENGTH OF STAY IN 1b	Maryland Wic	COMICO
	write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and	give nearest town;
00	SALISBURY	12 Salisbury	
82	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	a. IS RESIDENCE
	PENINGULA GARAGAI HASPITAL	313 Martin St	YES NO X
F	3. NAME OF First Middle	Last 4. DATE Month	Day Year
	DECEASED	of A	
	(Type or print) WILLIAM EDWARD	1)1/S DEATH /+PRI/ 4	1962
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	. DATE OF BIRTH 9. AGE (In years   IF UNDER 1	
	MALE WhitE WIDOWED DIVORCED	Oct. 27, 1888   73 yrs.   5	Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (County & State, or foreign country) 12. CITI	ZEN OF WHAT COUNTRY
	Retired Employee-Coal Company	Wicomico County, Maryland	USA
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	0 0 11
T	William Mills	Annie Morris	
1/	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	INFORMANT, II MAD Address	W- 11 C1
	(Yes, no, or unkown) (Ifyesgivewarordatesofservice)	s.Martha H.Mills(Wife)313	Martin St.
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]	Salisbury, Maryland	I INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	1. 5	ONSET AND DEATH
	IMMEDIATE CAUSE (0) Unique andia	Infarction	36 hrs
	HAD DUE TO D		Re liest
634	Conditions, if eny, which ) (b) Clarman Cuten	Desearl	2-260.
30	gave rise to immediate cause		
	(e), stating the underlying DUE TO	- Heast Present	
	cause last. (c) Comercia Carlin	Heary Dis	
0.1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(e) 19. WAS AUTOPSY PERFORMED?
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO		YES NO
		. (Enter neture of injury in Pert I or Pert II of item 18.)	
	E 20a, ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY OCCURED OF CONTRIBUTING ☐ CAUSE OF DEATH UP (IF EITHER, NOTIFY MEDICAL EXAMINER)		
		CE OF INJURY (Home, ferm, 20f. (City or town) (Country, street, office bldg., etc.)	ty) (Stete)
	p.m. 19 et work at work		
	21. I certify that (I) (this hospital) attended the deceased from	· 4/2 , 196 , 10 4/4 , 196	that (1) (wa) last
		1 2/8	
		death occured at	
-	22a SIGNATURE 670	ATTENDING MED. STAFF	22b. DATE SIGNED
	William Deplus	.D. PHYS. DIRECTOR PHYS. AD	1. 30/0
1	22c PHYSICIAN'S	22d. ADDRESS	1 1 1 1 1 1 1
1	NAME (Dr. William D. Gray	Camden Ave. Salisbury, Man	hac fun
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY ( REMOVAL (Specify)	OR CREMATORY 23d. LOCATION (City, town or county	) (Stete)
	Burial Apr. 8, 1962 Parsons	Cemetery Salisbury, Mary	rland
5	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 256. REGISTRAR'S S	IGNATURE
20	HOLLOWAY & COMPANY SALISBURY, MAR	YLAND DATE	
03	The state of the s	APR 9 162 Chillian &	Cana



PRESTON STREET, BALTIMORE 1, MARYL TATISTICAL RESEARCH AND RECORDS. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, Il Institution: Residence before admission) e. COUNTY COUNTY TUICOM, CO by the and 2 death. RILAND MARYLAND PC GSTU b. CITY OR TOWN (if outside corporete limits, write RURAL and give neerest town) OWN (If outside corporete limits, write RURAL end give neerest town) c. LENGTH OF STAY IN 16 c. CITY OR d. STREET ADDRESS SALISBURY Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street #ddress) a. IS RESIDENCE ON A FARM? GENERA YES NO NINSULA papers. 3. NAME OF Middle Dev DECEASED OF 1962 DEATH (Type or print) 9. AGE (K) years I IF UNDER 1 YEAR 5. SEX IF UNDER 24 HRS. 6. COLOR . MARRIED NEVER MARRIED lest birthdey) WIDOWED DIVORCED physician 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working lile, even if retired FATHER'S NAME Then please ple 15. WAS DECEASED EVER IN U.S. ARMED FORCES? unkown) | (If yes give wer or detes of service) 18. CAUSE OF DEATH [Enter only one cause of line for (a), (b), and ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) any, geve rise to immediata cause (e), steting the underlying cousa lost. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? NO Z 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of Item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, (County) (State) 20c. TIME OF INJURY 20f. (City or town) Month, Dey, Year factory, street, office bldg., etc.) While Not While Hour e.m. et work et work 19 p.m. 1.D....... 196.2 that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from..... 19.6.7 and that death occured a 2.77M, from the causes and on the date stated above. 22b. DATE SCHATURE SIGNED ATTENDING MED STAFF DIRECTOR PHYS. PHYS. M.D. FUNERAL page 22d. ADDRESS PHYSICIAN'S NAME (Type ector, filed 23c. NAME OF CEMETERY OF STANCATORY 23d. LOCATION (City, town or county) (State) 23e. BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL (Specify) di di 0 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATI VR A15 (4) 15M 9/60

MA PRICAM COLORS VINCENTAL MIN The Second Secon CENTRAL STATE OF STAT Nov 2,1890 71 -HOUSEWING Country Ma UT IsAnce Assury Mitche - MARTHA ADELINE LARTH Nu NIO 217-30-856 MISSIESTHER LONG SENSYWIE A Same of the second of the se The State Charles Beach at the Backer next are to the

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funera 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a. COUNTY b. COUNTY Wicomico by the Wicomico Marvland MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and giva nearest town) c. LENGTH OF STAY IN 16 write RURAL and give neerest town) 2 Salisbury Salisbury . IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS ON A FARM? YES NO Route Route completely papers. NAME OF DATE Middle Month Day Year DECEASED OF THOMAS MICHAEL MONAGHAN DEATH APRIT 62 (Type or print) 8th 19 and cor AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 5. SEX 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED 3 last birthdey) 68yrs. event, Male White WIDOWED Dec. 24.1893 DIVORCED 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) Baltimore, Maryland Retired Farmer Farming 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME aftending Michael Monaghan Mary McCormick 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Mrs. Peter J. Monaghan (Brother) Route#4 requires that the If yes give war or detes of service Salisbury. Maryland INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per-line for (e) (b), end (c) ONSET AND DEATH PART I. DEATH WAS CAUSED BY signed IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which geva rise to immediate cause DUE TO (e), stating the underlying cause last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL (Stata) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Dey, Year fectory, street, office bldg., etc.) While Not While at work N/A at work TOR: 19.55 19.6. Zihat (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from..... DIRECT 3 should saw the deceased alive on..... 22a. SIGNATUR STAFF ATTENDING MED Page 4 FUNERAL PHYS. X DIRECTOR PHYS. M.D. 22d. ADDRESS PHYSICIAN'S NAME (Type ector, L. Rover Camden Ave. Salisbury, Maryland 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 0.53 REMOVAL (Specify) 12,1962 New Cathedral Cemetery Baltimore, Maryland Buria 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A1S (4) 15M 7/61 HOLLOWAY & COMPANY SALISBURY, MARYLAND DATE Limber & Thouse

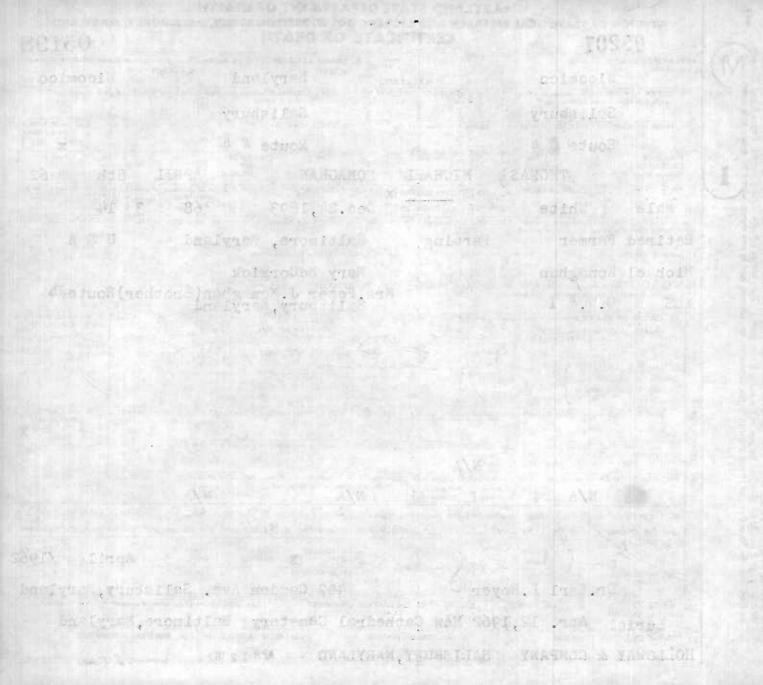
hours after

24

certificate

death

ARYLAND STATE DEPARTMENT OF HEALTH



1			MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND					
	7		05202	CERTIFICA	CERTIFICATE OF DEATH		05199	
funera should	VI	1.	LACE OF DEATH		2. USUAL RESIDENCE (W	There deceased lived, If Institution b. COUNTY	Residence before admission	
hour the		1	city OR TOWN (if outside corporate limits, write RURAL end give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outsi	de corporete limits, write RURAL en	d give neerest town)	
die		S	OLIS DURY  I. NAME OF HOSPITAL OR INSTITUTION (if not	In haspital, give street address)	Berland, STREET ADDRESS	2	3 X	
d with ely fille rs. Pag	82	P	eningul Allering	reval Haspirta			ON A FARM?	
plet 72			NAME OF First DECEASED Type or print)	Middle V	C	DEATH A LO 11	28- 1962	
and com carbon p		S.	1 0 1	THE TER MINIMED	B. DATE OF BIRTH	9. AGE (In years   IF UNDER   Months		
icate lian ar		10a		DOWED DIVORCED DIVORC	RY (1)1. BIRTHPLACE (County & S	tate, or foreign country)   12. Cl	TIZEN OF WHAT COUNTRY	
certifi physic e remo			FATHER'S NAME		14. MOTHER'S MAIDEN NAME			
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the atten Then over			WAS DECEASED EVER IN U.S. ARMED FORCES? , no, or unkown) (Ifyesgivewerordetesofservice		Vathanie/	MOrris		
res thatician.  by the semit.			18. CAUSE OF DEATH [Enter only one cause PART I. DEATH WAS CAUSED BY:	e per line for (e), (b), end (c).	.5		INTERVAL BETWEEN ONSET AND DEATH	
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ending been s riaf-tre		1	Conditions, if eny, which geve rise to immediate cause DUE TO	Tremery	114 (201	1470gm	3) diprox	
N: The or attended by the purial, ourial,		-	(e), steting the underlying DUE TO cause lest. (c)  PART II. OTHER SIGNIFICANT CONDITION	CONTRIBUTING TO DEATH BUT M	OT BELAYED TO THE YERMINAL D	REFACE CONDITION CIVEN IN BAR	T 1(e) 19. WAS AUTOPSY	
Spital spital tifications se as to lor to lor	2	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT NO	THE TERMINAL DI	STASE COMMINION SIVEN IN PAR	PERFORMED?	
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od by After t After t tached of Heal		DICAL	20c. TIME OF INJURY Month, Dey, Yeer House a.m.	While Not While fec	ACE OF INJURY (Home, farm, 20 tory, street, office bldg., etc.)	Of. (City or town) (Co	unty) (State)	
retainer.		MEDI	p.m. 17	at work et work   attended the deceased from.	4/26, 196	7-10.4/28/, 19	62_that (I) (we) las	
AL OR ALT 4 may be r IL DIRECT 96 3 should 8	,		saw the deceased alive on4/.2	19.62, and that	death occured at 83M	, from the causes and on	the date stated above	
			alfred	Kolls	A.D. ATTENDING MED.	OR PHYS.	SIGNE	
Page UNER! for, page	1		22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS	dialung	marglan	
de Girecto	0	236	BURIAL, CREMATION, 23b. DATE THEREOF	2 Evergreen	OR CREMATORY 23d	Best W. W.	(Stete)	
VR A1S (4) 15M 7/61	BX.	24	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	- O SAAV	REGISTRAR 25b. REGISTRAR'S  3 '62 Outling	SIGNATURE S. Kinns	
13/1/01	4	1_	James Id. Nas	hell - 601sto	mal DATE MAR	,	ы, , , , , , , , , , , , , , , , , , ,	

d within 24 hours after

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where secessed lived, If institution; Residence before admission) e. COUNTY b. COUNTY a. STATE MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LINGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL end give nearest town) ALISBU d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street eddress) IS RESIDENCE ON A FARM? OSPITAL YES NO NAME OF Middle Day Year DECEASED OF (Type or print) DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. WIDOWED DIVORCED T OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? please e attending | Then please 16. SOCIAL SECURITY NO. | 17, INFORMA INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which gave rise to immediate cause DUE TO (e), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6): 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20e. ACCIDENT WAS UNDERLYING IT 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of item 18. OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, ! 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While Hour e.m. et work et work 21. I certify that (I) (this hospital) attended the deceased from.... saw the deceased alive on.... 22e. SIGNATURE 22b DATE ATTENDING SIGNED DIRECTOR PHYS. PHYS. M.D. FUNERAL 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) director, be filed 23. BURIAL, CREMATION, 236, DATE HEREOF 23c. NAME OF CEMETERY OF CREMATOR 23d. LOCATION (City/ lown or county) 0 UNERAL DIRECTOR'S MONATURE REGISTRAR 256, REGISTRAR'S SIGNATURE VR A15- (4) 15M 7/61 arthur & Kraus

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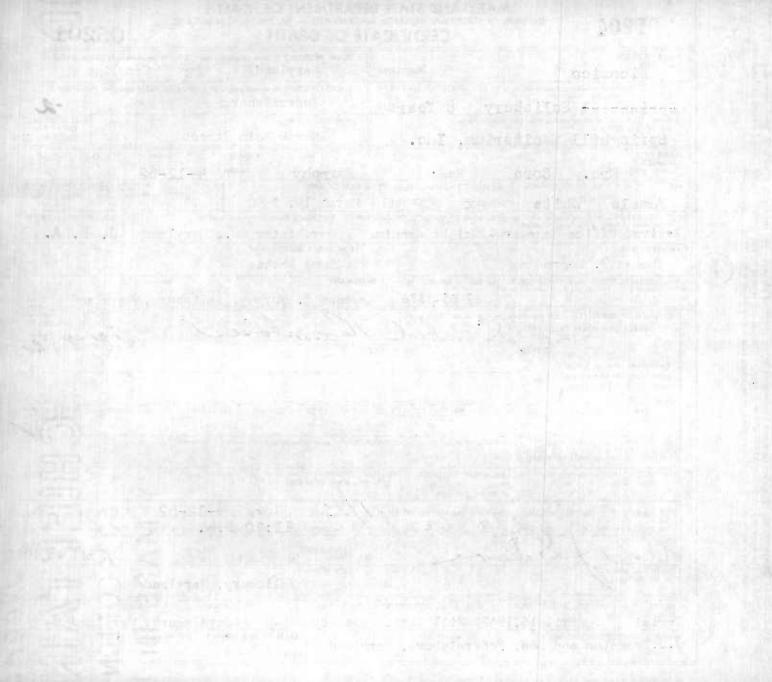
VR A1S (4) 1SM 9/59

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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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	J	$\sim$	0	-

1. PLACE OF DEATH  o. COUNTY  WICOMICO  MARYLANI	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Caroline
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Springhill Salisbury  8 Years	b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Federalsburg  05 x - 2
d. NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
Springhill Sanitarium. Inc.	North Main Street ON A FARM?
3. NAME OF First Middle DECEASED	Mil moh v Jear Month Day Year OF DEATH 4-12-62 19
(Type or print) Mrs. Cora Emma  S. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	Marphy
Female White WIDOWED DIVORCED D	lost birthdoy) Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IN	
during most of working life, even if refired) Retired Office Manager - Wright Canni	ng Dorchester Co., Maryland U. S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Thomas J. Moore	Emma Shehee
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)   (If yes, give wor or dates of service)	7, INFORMANT Address
No 217-05-1576	Raymond E. Murphy, Salisbury, Maryland
CATIC	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	RRED. (Enter nature of injury in Part I or Part II of item 1B.)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e.  Hour o. m. 19 of work of work	PLACE OF INJURY (Home, farm, foctory, street, office bldg., etc.)
21. I certify that (1) (this haspital) attended the deceased from saw the deceased alive an 1952 and that 220 statistics.	at death occurred at 1.2 M Oran the causes and an the date stated abave.  ATTENDING MED STAFF
22c. PHYSICIAN'S NAME (Type)	M.D. PHYS. N DIRECTOR PHYS. April 14,196  22d. ADDRESS  Salisbury, Maryland
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER Burial April 16,1962 Hill Crest	, , , , , , , , , , , , , , , , , , , ,
24. EUNERAL DIRECTOR'S SIGNATURE Son, Federalsburg, M	25g, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE



1			DIVISION OF STATISTICAL RESEARCH AN	D RECORDS,		N STREET, BA	LTIMORE 1, MA	ARYLAND
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urs after e funeral 2 should	M		ACE OF DEATH	2.	USUAL RESIDENCE	1	. COUNTY	lence before edmission
3 728		b.	CITY OR TOWN (if outside corporate fimits.   c. LENGTH (	OF STAY IN 16	c. CITY OR TOWN (IF		ecentrico its, write RURAL end gi	ve neerest town)
4 600	00		write RURAL and give neerest town)  SAIS BUR!		Kaleoli	unes	12.	
ithin illed age is af	12	d.	NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street	t eddress)	d. STREET ADDRESS		1	IS RESIDENCE ON A FARM?
d w b			YENINSULA GENERAL HOSE	1+41	120 N	el	ana	YES NO
completely on papers.		E	AME OF First Mid ECEASED ype or print)	ddla N	en/	OF DEATH	Appil 1	y Year 1962
\$ 0.0 \$	- 11	5. 5	6. COLOR OR RACE 7. MARRIED NEVER A	ARRIED B. DA	TE OF BIRTH 17		In years IF UNDER 1 YEA	
an car		1De		ORCED [ ]	BIRTAPPACE (County	8 Surfe, or foreign	yrs.	S Hours Min.
certificat physician e remove	1	done	during most of working life, even if retired)	SS OK INDUSTRI	Sales	hums	milte	5A.
	1	13.	THER'S NAME	16.	MOTHER'S MAIDEN N	AME A	0-0	
the death attending hen pleas ral, and is		15.	VAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECU	RITY NO.   17. INFO	MANT	e VC	Address 7	
e at The	1	(Yes,	no, or unkown) (Ifyesgivewerordetesofservice)	- 130	Inand	Lew	hele.	
ian. yy th mit.			B. CAUSE OF DEATH [Enter only one cause per line for (e), (b),	end (c).]	7,00			INTERVAL BETWEEN
ysic ed to t per			PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	etry F.	alune			ONSE! AND DEATH
w recting physical sign ransinal ration			DUE TO OT O					
e lavandir			Conditions, if any, which (b) (lake)	oses				
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AN: al or ate h s the	1	_ =	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	DEATH BUT NO RE	LATED TO THE TERMINA	L DISEASE CONDIT	ION GIVEN IN PART 1(e	19. WAS AUTOPSY PERFORMED?
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PHYSI the hosp this certification use of for use		2	De. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW IN DR. CONTRIBUTING   CAUSE OF DEATH FEITHER, NOTIFY MEDICAL EXAMINER)	IJURY OCCURED. (En	ter neture of injury in Pe	rt I or Pert II of item	18.)	
ING d by Affer ache	3	MEDICAL	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCU		OF INJURY (Home, farm, street, office bldg., etc.)	2Df. (City or low)	n) (County)	(Stele)
R: A		_	p.m. 19 et work et work		11 1 10	121	11.00	
CTO CTO Id be			en. I certify that (I) (this hospital) attended the de	ceased from		62 10	. /	, that (I) (we) las
PR Pay be IRE should State			taw the deceased alive on	.L. and that de	eth occured at./	MM, from the c	causes and on the	22b, DATE
L D E C D E			William C. Marga	M.D.	ATTENDING ME PHYS. DIR  22d. ADDRESS	D. STA		SIGNE
Page UNERA itor, page	1		PHYSICIAN'S NAME (Type)		ZZG. ADDRESS			
de FU			BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME (Specify)	OF CEMETERY OR	W_	23d. LOCATION	(City, town or County)	(Stete)
VR A15 (4)		24	UNEXA DIRECTOR'S SIGNATURE ADDRI	ivens (	25a. REC'I	BY REGISTRAR	256, REGISTRAR'S SIG	NATURE
15M 7/61	9		Jake Miller	1~	APR	2 3 '62	Circhan S. Hu	
	10	_ <	000000					

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TO HOUSE ITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exected within 24 hours after death. Sage 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled be priced for use as the burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 7/61

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 05203

PLACE OF DEATH     O. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmission)
Wicomico MARYLAND	*. STATE Maryland b. COUNTY Wicomico
b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town)
Salisbury	12 Salisbury
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS  o. IS RESIDENCE ON A FARM?
Pen Gen Hosp	308 Martin St
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
17 1.0	VIBBLETT OF DEATH APRIL 19th 19 62
	DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
Tile 7 1.71 . 4 . 4	August 29,1897 64 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
Retired Shirt Factory Employee	Wicomico Co. Maryland U S A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Elijah Parker	Mary Elizabeth Dryden
	Clarence James Nibblett(Sr.)Hubband
NO 308	
18. CAUSE OF DEATH [Enter only one cause per line for (e) (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:	due tallere Tally
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Conditions, if any, which \ (b) (1) (M) All All All All All All All All All Al	the tell the sure, (4).
gave rise to immediate cause	1100
(a), stating the underlying cause last. (c)	
ATIO	PERFORMED?
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OF CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  N/A	
	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLA Hour s.m. While Not While at work st work st work	ory, street, office bldg., etc.)  N/A
23 I ametidus that (I) (this hasnital) attended the despaced from	5/12 1602 to 4/14 106 2 that (1) (wa) last
say the deceased alive on 41 19 6 % and that	death occured at
226. SISPONATURE	22b. DATE
Was In Bound Con	D. ATTENDING MED. STAFF Apr. 2 0/1962
AU U VV I I I I I I I I I I I I I I I I I	22d. ADDRESS
PHYSICIAN'S NAME (Typor, Earl M. Beardsley	Maryland Ave. Salisbury, Maryland
23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY	
Burial Apr. 24, 1962 Parsons	Cemetery Salisbury, Maryland
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
HOLLOWAY & COMPANY SALISBURY, MARY	TLAND DATE APR 23 '62 Orthur & Known
	A. Though

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1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
500.63		05207 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 05204
FOR ST	DEPT	Item 8 Film 0311 1/76/62 mh Reg. Dist. No.
0.0	2/4	PLACE OF DEATH  2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before admission)
Pog es.	( IXI	Wicomico MARYLAND G. STATENEW YORK b. COUNTY Hudson
T. E.	T	b. CITY OR TOWN (If autside corporate limits, write RURAL ond give nearest town)  c. CITY OR TOWN (If autside corporate limits, write RURAL ond give nearest town)
ssar ecto	-	Salisbury Castleton 69X-3
dir	82	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  d. STREET ADDRESS  o. IS RESIDENCE ON A FARM?
Pa a di		Pen Gen Hospital
fur fur Sto deo	12	3. NAME OF First Middle Last 4. DATE Month Doy Year OF
the the		(Type or print) CHARLES HENRY NOCK DEATH APRIL 6th 19 62
o o o o o o o o o o o o o o o o o o o		3. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED B. DATE OF BIRTH 1868  9. AGE (in years lost birthday)  Months Doys Hours Min.
S m S m		Plate white widowed   Aug. 7, 1079 93 yrs. 7 29
deo 2, o 2, o 3ge 5nd 72		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)  10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12, CITIZEN OF WHAT COUNTRY
F E		Retired Merchant-Clothing Store Salisbury, Maryland USA
M3 oge	T	
hour e Po	(7)	John Henry Nock  Alexine Henderson  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. IV. INFORMANT
Giv G		[Yes, no, er unknown] (It yes, give wor or dates of service) Mrs. Liouise N. Nock (Daughter) 223 N. Clair
S. S. In o	MAN I	mont Drive- Salisbury, Maryland
d will		1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:
of the me		IMMEDIATE CAUSE (o)
ffic from		DUE TO DE TO DE LES DE
To Sen		Gonditiens, if any, which gave rise to immediate cause (b)
na n	300	(a), slating the underlying DUE TO
sho omi os fion	^	Charles Constitution of Consti
and and	0	Fell at the in 1 1 th the PERFORMED?
dico di co		PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19, WAS AUTOPSY PERFORMED? YES NO X  PRIMARY OF CONTRIBUTING TO CONTRIBUTING TO PORT II of them 18.)  PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS
Me Me		B PRIMARY Or CONTRIBUTING C CAUSE OF DEATH.
The The	10	3 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form. 20f. (Gry or town) (Stote)
3 s		20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (Grly or town)  While Not while of work of wo
MIN ritin		21 Lookify that I took shows of the appring described about Kell L. A
A Pod		opinion death resulted from: Natural causes . Accident . Suicide . Hamicide . Undetermined manner
AL Cotto		A Of A Street Land Control of the Co
DIC.		ACTUAL SIGNATURE DATE SIGNED
S S S S S S S S S S S S S S S S S S S	2	Dr. Earl L. Royer ASSISTANT MEDICAL EXAMINER T
desi desi	2	EXAMINER'S 407 Camden Ave. Salisbury, Md DEPUTY MEDICAL EXAMINER April /1962
Hour Lits	30.15	220. BURIAL CREMATION. (22b. DATE THEREOF   22c. NAME OF CEMETERY OR CREMATORY   22d. LOCATION (City Joyne or county)   (State)
0 × 4 0 p		Burial Apr. 9, 1962 Parsons Cemetery Salisbury, Maryland
VS. A15ME	00	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
5M 2/57	MI	HOLLOWAY & COMPANY SALISBURY, MARYLAND DATE APR 1 2 '62 Crown & Thomas

The same was the same of the control of the same of th And Lynning to the Land State of the Land State THE REPORT OF THE PARTY OF THE

# Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal—and in any event, within 72 hours after death. within 24 hours after The law requires that the death certificate be SPITAL OR ATTENDING PHYSICIAN:

OH

VR A1S (4) 1SM 7/61

#### MARYLAND STATE DEPARTMENT OF HEALTH

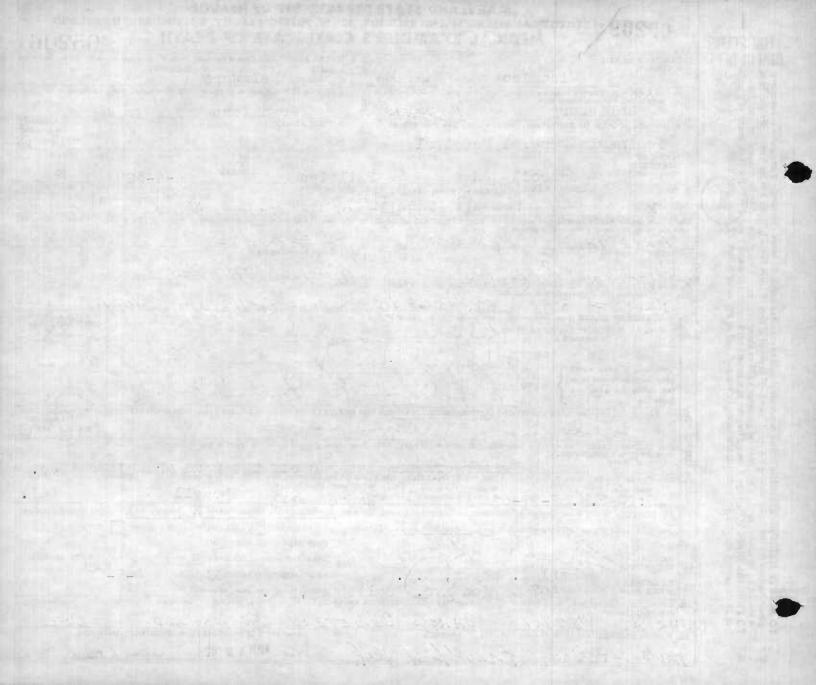
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 05208 CERTIFICATE OF DEATH 0.520 05205

1.	PLACE OF DEATH  o. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before	edmission)
	Wicomico MARYLAND	a. STATE MARYLAND b. COUNTY WICOM	100
	b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest tow	wn)
5	SALIS DURY 3 days	X Deim AR	
1	da NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street oddress)	d. STREET ADDRESS   e. IS R	RESIDENCE
1	ENINSULA GENEREL HOSPITAL.		A FARM?
3.	NAME OF DECEASED A First Middle	Last 4. DATE Month Day Yee	or .
	(Type or print) DAMUEL CLEVELAND 1	ARSONS DEATH APRIL 22, 19	62
5.			R 24 HRS.
1	MALE WHITE WIDOWED DIVORCED DO	ug 3/-/884 Jest birthday) Months Deys Hours	Min.
	Da. USUAL OCCUPATION (Give kind of work lone during most of working life, even if retired)	BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT	COUNTRY?
R	ex Toainman Kailroad	Manykard. U. A	
13	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
16	my Passons	Tolder Segna.	
15	5. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. II	NFORMANT Address	
(4	Yes, no og unkown) (Ifyesgive war or dates of service) 7/6-03-1565	- Polita tanna Nolman	921.
-	18. CAUSE OF DEATH [Enter only one cause per line for de), (b), end (c),	INTERVAL BE	TWEEN
	PART I. DEATH WAS CAUSED BY:	onset and	
	IMMEDIATE CAUSE (6) Caco National	of the sale	1000
	DUE TO		
	Conditions, if eny, which (b)		
	(e), steling the underlying DUE TO		
	cause last. (c)		
NO.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS	AUTOPSY ORMED?
I S		YES [	NO AT
CERTIFICATION	200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED. OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter neture of injury in Pert I or Pert II of item 18.)	1
		CE OF INJURY (Home, farm, † 20f. (City or town) (County)	(Stete)
MEDICAL	Hour e.m. While Not While factor	rry, street, office bldg., etc.)	,
×	p.m. 19 et work at work		
	21. I certify that (I) (this hospital) attended the deceased from		
	saw the deceased alive on	death occured av. I. A. from the causes and on the date state	ed above,
	220. SIGNATURE	ATTENDING MED STAFF	b. DATE SIGNED
	Willow & Elles /		
	22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS	
_			
23	38. BURIAL, CREMATION 236. DATE THEREOF 23c. NAME OF CEMETERY	23d. LOCATION (City, town or county)	State)
1	Harres 4- 46 4 xar our	e delma del	
24	THERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	
1	M/X. Marrille - Delme	TRESTATE APR 2 4 162 Cirlhur S. Kraus	

THE-03-1265 Fill the Parson William B a Commence of Weeker a E TO THE PARTY OF THE PROPERTY OF THE PARTY OF THE PARTY

of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) 1. PLACE OF DEATH a. COUNTY b. COUNTY e. STATE Wicomico Delaware MARYLAND b. CITY OR TOWN (il outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (II outside corporate limits, write RURAL and give wearest town) director. write RURAL and giva naarasl town) Salisbury Frankfort d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? retained ne State B YES NO Peninsula General Hospitad 3. NAME OF 4. DATE Month DECEASED OF the (Type or print) DEATH 19 Carroll Phillins 9. AGE (In years | IF UNDER 1 YEAR eath. 0 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER 24 HRS. last birthdey) Months pue WIDOWED [ DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, avan if ratired) 71 S. A ELAWARE OULTR FOREMAN 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 18. SOCIAL SECURITY NO. 17. INFORMANT (Yas, no. or unkown) | (If yas give war or dates of service) FRANKFORD HRISTINE 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUF TO Conditions, if eny, which gave risa to immadiate cause DUE TO (a), stating the undarlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6): 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO . 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of itam 18.) CAUSE OF DEATH. Driver of car that ran off the road 3 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, Jarm, 201. (City or town 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., atc.) While Not Whila Showell 3-207-6 M work at work 21. I certify that I took charge of the remains described above, held an Autopsy X Inspection X Inquiry and in my opinion 0 death resulted from: Natural causes Accident X Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be fo SIGNATUR Rover DEPUTY MEDICAL EXAMINER X NAME (Typa) Salishuaddress (Street) city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) 228, BURIAL, CREMATION, 226. DATE THEREOF (State) REMOVAL (Spacify) EMETERY FRANKFORD

[240. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE 2409 URIAL 23. FUNERAL DIRECTOR VS. A15ME Cerching & Henrie 5M 9/60



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a. COUNTY North Hampton WICOMICO MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL end give nearest town) Admitted Cape Charles JALISBUR d. NAME OF HOSPITAY OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS 610 Randolph Ave. 4. DATE DECEASED (Type or print) DEATH WELL carbon 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | last birthday) Jan. 21,1878 WIDOWED X DIVORCED 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even il retired Kent Co.Delaware House Work at Home None 13. FATHER'S NAME Margaret Reynolds Hughette Knight Carrow 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Mrs. Herbert Meredith (Sister) Bax#131 (Yes, no, or unkown) (If yes give war or dates of service) Princess Anne, Virginia 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO gave rise to immediate cause DUE TO (e), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY CERTIFICATION 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH WEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ) 201. (City or town) factory, street, office bldg., etc.) Not While While at work at work 21. I certify that (I) (this hospital) attended the deceased from MACL. 11, 1962 that (I) (we) last ATTENDING 22a. SIGNATURE April 11,1962 DIRECTOR 22d. ADDRESS 22c. PHYSICIAN' Philip A/Inslev Main St. Salisbury, Maryland 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) Apr. 14, 1962 Presbyterian Cemetery Princess Anne, Maryland 25a, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE

SALISBURY, MARYLAND

DATE

'62

AND STATE DEPARTMENT OF HEALTH

a. IS RESIDENCE ON A FARM?

YES NO

IF UNDER 24 HRS.

NTERVAL BÉTWEEN ONSET AND DEATH

> PERFORMED? NO

> > (State)

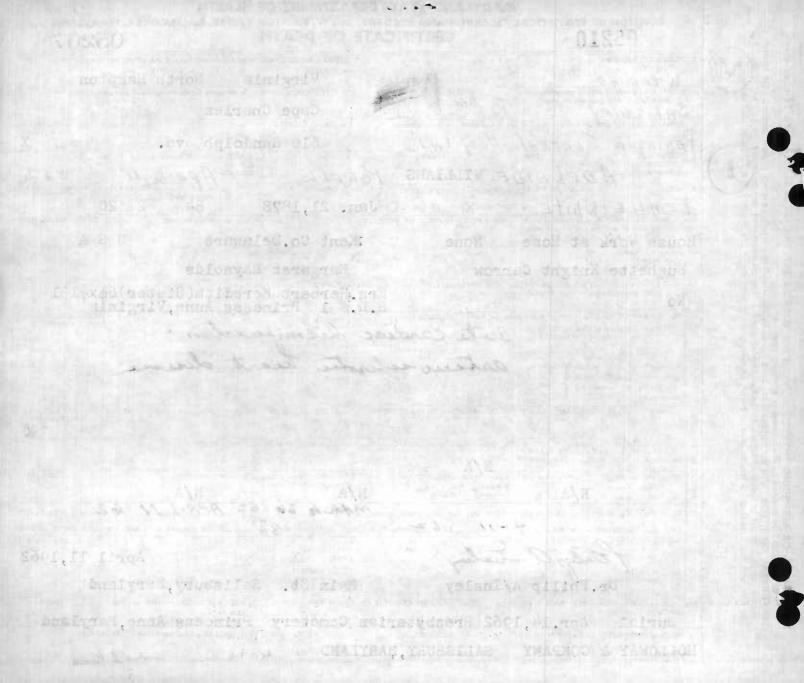
(State)

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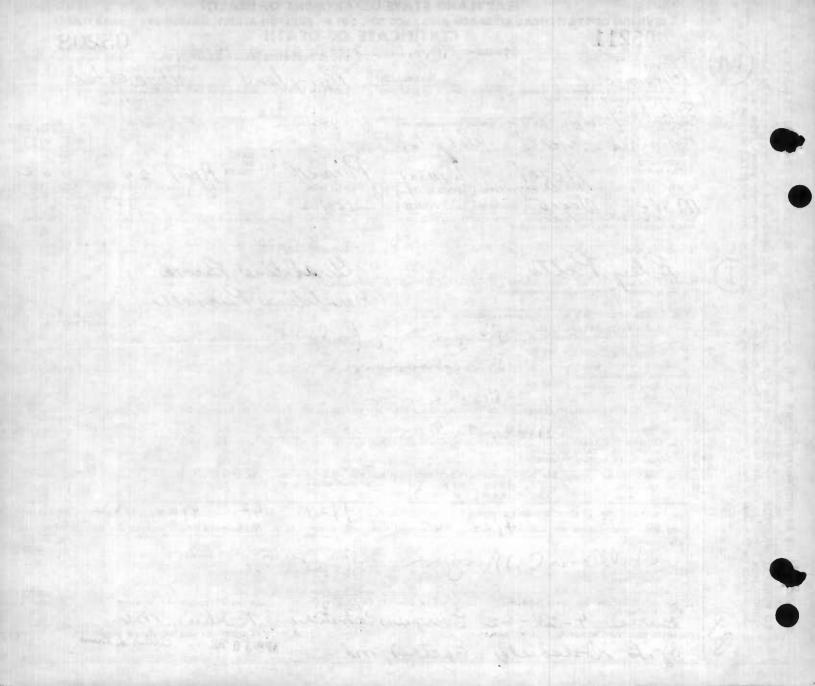
VR A15 (4) 15M 7/61

HOLLOWAY & COMPANY



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND pluods hours after USUAL RESIDENCE (Where deceased lived, if institution; Residence before edmission) PLACE OF DEATH a. COUNTY b. COUNTY VICOMICO MARYLAND b. CITY OR TOWN (if outside corporate limits, CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) c. LENGTH OF STAY IN 16 by write RURAL and give nearest town) Berlin Salisbury NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) . IS RESIDENCE d. STREET ADDRESS ON A FARM? YES NO completely 3. NAME OF 4. DATE Month Dey Year DECEASED OF (Type or print) DEATH 19 1524 and con carbon it, withir 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BIRTH AGE (In years 7. MARRIED NEVER MARRIED last birthday) Months Days Hours Min WIDOWED DIVORCED VIS. physician Hoe. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & Stele, or loreign country) done during most of working life, even if retired) U.S.A. Maryland is The taw rest and afterding physician.

As been signed by the attending phy
has been signed by the attending phy
has been signed by the attending phy
has burial-transit permit. Then please re
hurial-transit permit. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORM 16. SOCIAL SECURITY NO.1 (Yes, no, or unknown) (If yes give war or dates of service 18. CAUSE OF DEATH |Enter only one cause per line for (e), (b), end (c). INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e DUE TO Conditions, it eny, which (b) gave rise to immediate cause DUE TO (e), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION hospital PERFORMED? NO T 200. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH 2Db. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) may be recomplished by DIRECTOR: After this (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, ) 20f. (City or town) (County) (Stete) factory, street, office bldg., etc.) While Not While Hour e.m. at work et work p.m. 21. I certify that (I) (this hospital) attended the deceased from 4/24..., 1962 to 4/24..., 1962 to 19 saw the deceased alive on 4/2 OR 22b. DATE 22e. SIGNATURE SIGNED DIRECTOR PHYS. PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) director, 23c. NAME OF CEMETERY OR CREMATORY 23a, BURIAL, CREMATION, | 23b. DATE THEREOF 23d. LOCATION (City, town or county) (Stete) 0 254. REC'D BY REGISTRAR | 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) APR 3 0 '62 Chilling J. Thrank 15M 7/61 DATE



ARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY tely filled in by the fers. Pages 1 and 2 s hours after death. Wicomico 100 MICO Maryland MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) LENGTH, OF STAY IN 16 write RURAL and give nearest town) Admitted SALISBURY
NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Hebron d. STREET ADDRESS R.D.# papers. n 72 ho completely NAME OF 4. DATE Month OF DEATH -mS 5. SEX 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH last birthday) Months Jan.17,1923 39 event, WIDOWED physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY! done during most of working life, even if retired House Work at Home Hebron. None Maryland 13. FATHER'S NAME please 14. MOTHER'S MAIDEN NAME .= attending and Charles E. Rathel Margaret Phippin Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Mr. Charles E. Rathel (Father) Walnut St Hebron, Maryland 16. SOCIAL SECURITY NO. or removal, (Yes, no, or unkown) | (If yes give war or dates of service) No r attending physician. has been signed by the 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) burial-transit DUE TO Conditions, gave rise to immediate cause DUE TO (e), stating the underlying certificate has lar use as the burner to burief. cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION eal ma prior 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) After MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, (County) Month, Day, Year 20f. (City or town) DIRECTOR: Affect 3 should be detach factory, street, office bldg., etc.) Not While While et work et work p.m 21. I certify that (I) (this hospital) attended the deceased from. 196. and that death occured at 6. pM, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE ATTENDING STAFF X PHYS. DIRECTOR PHYS. M.D. FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S Robert Adkins NAME (Type) Fruitland, Maryland director, p H. Henning 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) Hebron Cemetery Burial Hebron, Maryland

ADDRESS

SALISBURY MARYLAND

e. IS RESIDENCE YES NO

> 62 19

Year

IF UNDER 24 HRS.

INTÉRVAL BETWEEN ONSET AND DEATH

19. WAS AUTOPSY

PERFORMED? NO

(State)

22b. DATE

(State)

25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

SIGNED

962

Day

VR A15 (4) 15M 7/61

24 FUNERAL DIRECTOR'S SIGNATURE

HOLLOWAY

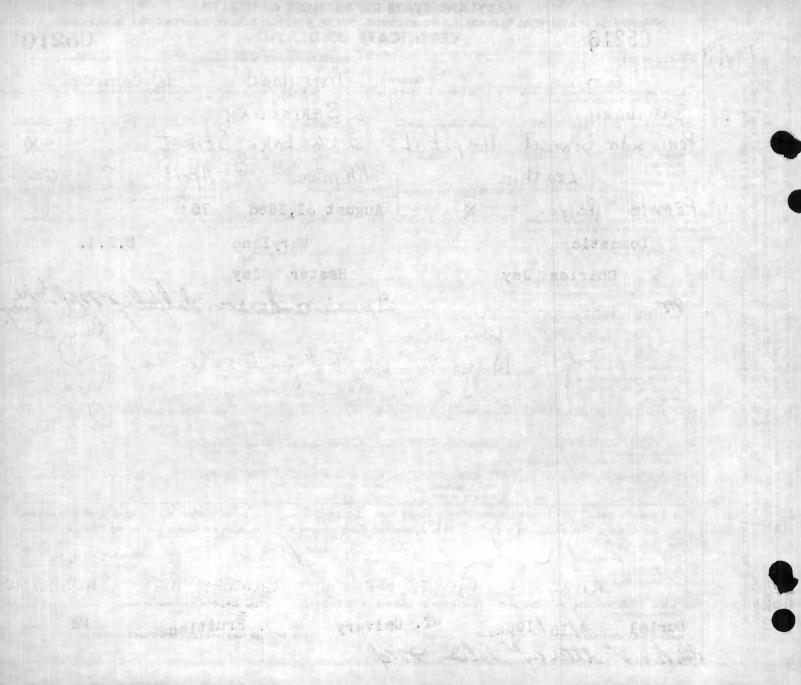
COMPANY

. 1. 45 18 18 18 1 SSPERIE ME disprent mordell Commerced Phicological Tentana, F esigned to dumine (root & ) federal & telegat. HEDATIC CORNOSIS SHIP 5455 Chronic Ethanolisa Pulmorany Edina April 20 42 Amelil 6 53 SHANGE LINE OF THE DATELYSIAL DIRECTOR Hearen, Pergami or tall May 1, 1962 Hebron Senetary WALLOWAY COMPANY SALISBUTY, BAYLAND

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fived, If Institution, Residence before admission) a. COUNTY b. COUNTY by the and 2 death. Comico MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) write RURAL and give nearest town) Pages 1 urs after d. STREET ADDRESS 5 hispuru Pe d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) . IS RESIDENCE ON A FARM? YES NO completely 3. NAME OF Middle DATE Day Yaer DECEASED OF (Type or print) DEATH 1962 and cor carbon of, within 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours DIVORCED event, WIDOWED X 75 yrs. August 1886 physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or loraign country) 12, CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Domestic Maryland

14. MOTHER'S MAIDEN NAME U.S.A. Then please i 13. FATHER'S NAME requires that the death Charles Jay Jav Hester 15. WAS DECEASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (Ifyesgivawarordatasofsarvica) remova 18. CAUSE OF DEATH (Enter only one cause par line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO affending Conditions, if any, which gave risa to immediata cause DUE TO (e), stating the underlying causa last. PHYSICIAN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) WAS AUTOPSY CERTIFICATION PERFORMED? prior NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, (Entar netura of injury in Part I or Part II of itam IB.) for (IF EITHER, NOTIFY MEDICAL EXAMINER) ATTENDING be retained by After P MEDICAL 20c. TIME OF INJURY Month, Day, Yaer 20d. INJURY OCCURRED 20a, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, streat, offica bldg., atc.) While Not While Hour a.m. et work et work DIRECTOR: saw the deceased alive on..... OR may 22b. DATE 22a. SIGNATURE ATTENDING MED. STAFF SIGNED, PHYS. DIRECTOR PHYS. M.D. PHYSICIAN'S 22d. ADDRESS NAME (Type) FUNE director, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL CREMATION, 23b. DATE THEREOF (State) REMOVAL (Specify) 0 Calvary Fruit P. Adistrar's SIGNATURE Buria 24 FUNERAL DIRECTOR'S 25a. REC'D BY REGISTRAR VR A15 (4) 90 15M 7/61 arthur & the DATE

MARYLAND STATE DEPARTMENT OF HEALTH

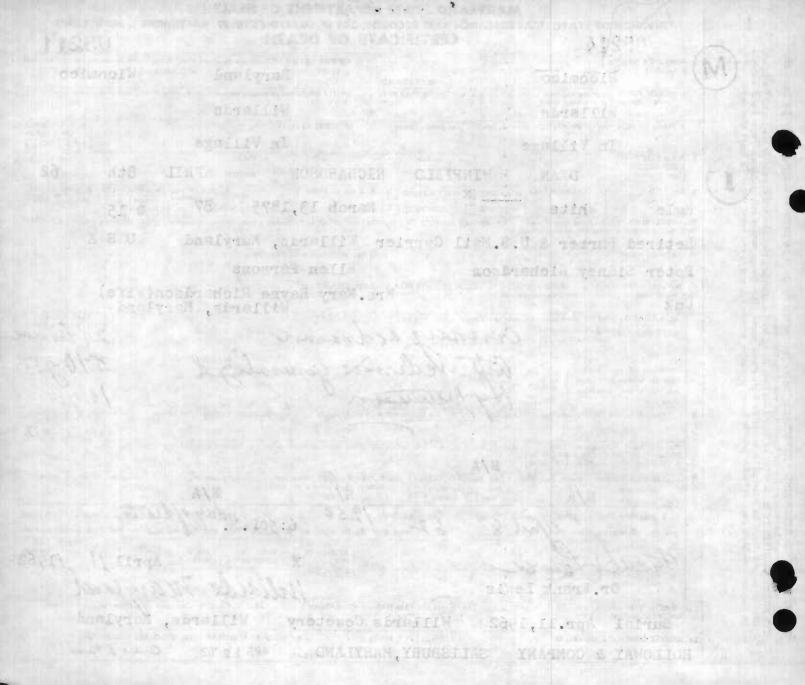


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X		1
R ATTENDING PHYSICIAN: The law requires that the death certificate be executed in 24 hours after by be retained by the hospital or attending physician.	RECTOR: After this certificate has been signed by the ettending physician and completely filled in by the funeral	hould be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should
executed	completely	on papers.
De	pue	carb
certificate	hysician	remove
death	ending	n please
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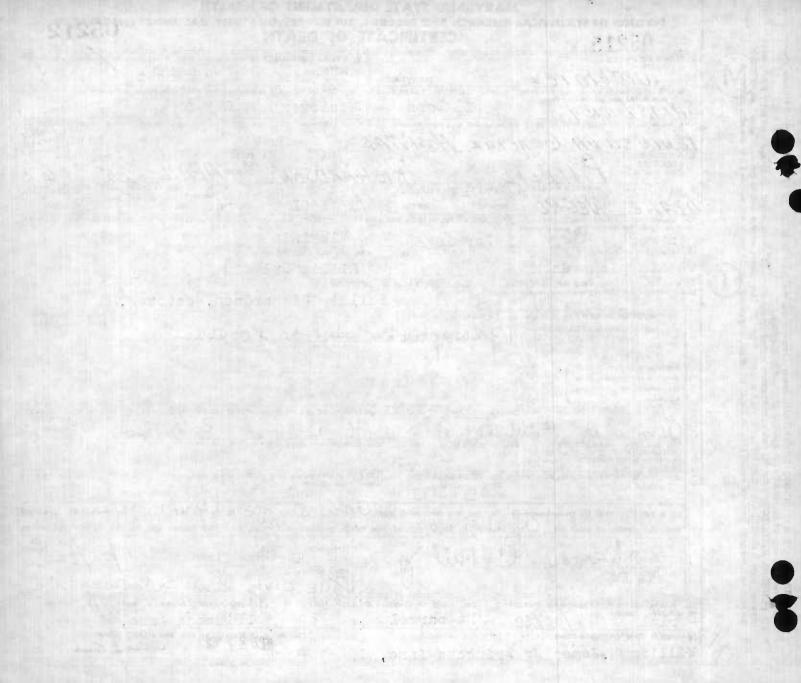
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
05214
05211

A	PLACE OF	DEATH		2. USUAL RESIDEN	CE (Whare deceased lived, If i	nstitution: Residence before edmission)			
6	a. COUNTY	Wicomico	MARYLAND	a. STATE ME	aryland b. count	Wicomico Wicomico			
	b. CITY OR write RI	TOWN (if outside corporate limit IRAL and give nearest town)	ts, c. LENGTH OF STAY IN 16	c. CITY OR TOWN	If outside corporate fimits, write	RURAL end give nearest town)			
,		Willards		W:	illards				
	d. NAME O		if not in hospital, give streat eddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?			
	A 24-1	In Village			n Village	YES NO			
1	3. NAME OF DECEASE	D	Middle	Last	4. DATE Month OF APRIL	Dey Yeer			
)	(Type or pri	777774	. 2.1. 22.3	ICHARDSON		8th 1962			
	5. SEX	7 70 0 0	7. MARRIED NEVER MARRIED	8. DATE OF BIRTH	last birthday)	Months Days Hours Min.			
	Male Male	White CCUPATION (Give kind of work		March 13,18	nty & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?			
	done during m	ost of working life, even if retire	d)			U S A			
	Retir	ed Farmer & U	J.S. Mail Carrier	14. MOTHER'S MAIDEN	Maryland	UDA			
		Sidney Richa	ardson	Ellen Pa					
	15. WAS DECE	ASED EVER IN U.S. ARMED FOR				/171.0-1			
	Unk	(If yes give wer or detes of s	ervice) MT	s. Mary nay	ne Richardson illards, Mary	n(Wlie)			
	18. CAU	SE OF DEATH Enter only one	cause per fine for (e), (b), end (c).]	1	illarus, nar,	INTERVAL BETWEEN			
	PART	I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Country ac	dusian		24 trus			
	4	420 DUETO 21-10							
		Conditions, if any, which (b) litter reclesses generalized 570 yes.							
		gave rise to immediate cause (e), stating the underlying DUE TO							
A	cause last.	cause last. (c) Agpullusion							
)	PART	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. YAS AUTOPSY PERFORMED?							
	5 00 466	DENIE WAS INDESIVED TO	Look Discount How William Occurs	7 15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	D. 4 5 - D. 4 D. 4 1 - 10 1	YES NO X			
	OR CONTR	209. ACCIDENT WAS UNDERLYING   OR CONTRIBUTING   CAUSE OF DEATH OF LIFE EITHER, NOTIFY MEDICAL EXAMINER)							
	0	OF INJURY Month, Day, Yes		ACE OF INJURY (Home, far.		(County) (Stele)			
	MED HOU	p.m. N/A 19	at work at work	N/A	N/A				
			all attended the deceased from		19 10 day of a	(AUSo, that (I) (we) last			
	saw the	deceased alive office	U & 196 , and the	at death occured 81	2.M, from the causes	and on the date stated above.			
	22a. SIGN	IATURE		Party	MED. STAFF	22b. DATE SIGNED			
	294	ician's Jewi		M.D. PHYS.	DIRECTOR PHYS.	April     1962			
	NAM	Frank I	Lewis	Mr	claids mi	aryland			
		CREMATION,   23b. DATE THE	REOF 23c. NAME OF CEMETERY		23d. LOCATION (City, tow	1/			
	Bur	ial Apr.11,	1962 Willards	Cemetery	Willards,	Maryland			
	10	IRECTOR'S SIGNATURE	ADDRESS		C'D BY REGISTRAR 2Sb. REG				
1	HOLTO	WAY & COMPAN	Y SALISBURY, MA	HYLLAND DATE	MR 1 2 '62	aritur S. Krana			

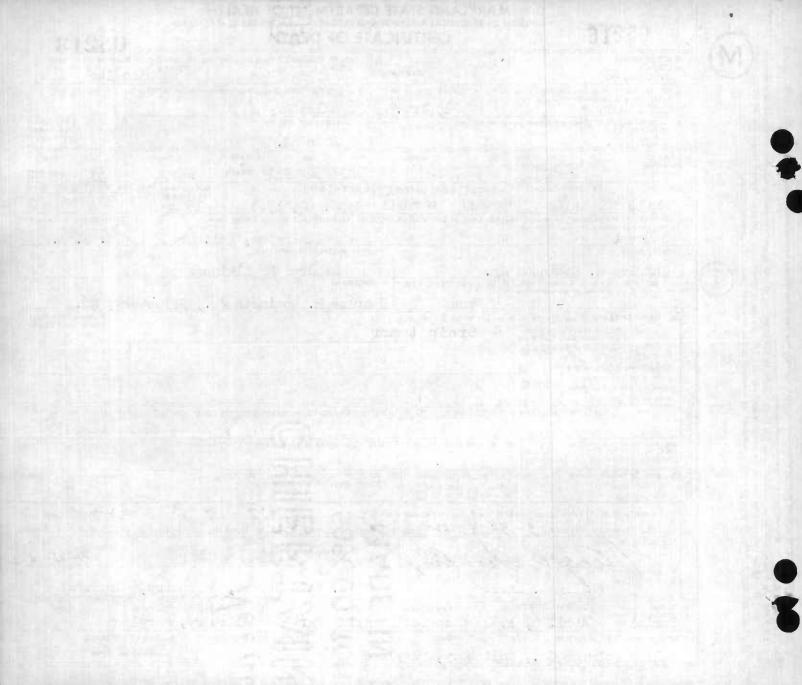


S. SARME OF DECEASED   First   Middle   Last   A. DATE   Month   Day DECEASED   Type or print)   DIVORCED   S. DATE OF BIRTH   DIVORCED   S. DATE OF BIRTH   P. ACE (In year)   UNDER IYEAR IF   Month's Days   H. Month's Days		MARYLAND STATE DEPARTMENT OF HEALTH	WI AND
A NAME OF HOSPITAL OR RISTITUTION (if not in hospital), give steept address)  d. NAME OF DECRASED (Types or print)  S. SEX  6. COLOR OR RACE! MARRIED NEVER MARRIED  10. LUSUAL OCCUPATION (Give hind of work done during most of working life, away if rolled)  11. LATHER'S NAME  12. LATHER'S NAME  13. TATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. SOCIAL SECURITY NO.  16. SOCIAL SECURITY NO.  17. INFORMANT  18. CAUSE OF DEATH (Iff years) (I		CENTIFICATE OF DEATH	212
A STREET ADDRESS  d. STREET ADDRESS  d. STREET ADDRESS  Timi  S. SEX  6. COLOR OR RACE   MARRIED   INVER MARRIED   S. DATE O'BIRTH  S. SEX  6. COLOR OR RACE   MARRIED   INVER MARRIED   S. DATE O'BIRTH  S. SEX  6. COLOR OR RACE   MARRIED   INVER MARRIED   S. DATE O'BIRTH  S. SEX  6. COLOR OR RACE   MARRIED   INVER MARRIED   S. DATE O'BIRTH  S. SEX  6. COLOR OR RACE   MARRIED   INVER MARRIED   S. DATE O'BIRTH  S. DATE   Month  S. SEX  6. COLOR OR RACE   MARRIED   INVER MARRIED   S. DATE O'BIRTH  S. DATE   Month  S. SEX  6. COLOR OR RACE   MARRIED   INVER MARRIED   S. DATE O'BIRTH  S. DATE   Month  S. SEX  6. COLOR OR RACE   MARRIED   INVER MARRIED   S. DATE O'BIRTH  S. WIS DATE   Month  S. SEX  6. COLOR OR RACE   MARRIED   INVER MARRIED   S. DATE O'BIRTH  S. WIS DATE   MONTH  S		COUNTY	e belore admissio
NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)    NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)		c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  C. LENGTH OF STAY IN 1b  C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	eerest town)
Description	2	17000109	ON A FARM
WORKER   WOOKED   DIVORED   DIVORD   DIVORED		DECEASED OF COO.	Year 19 6
Tather's name	1	1Ahe Negro Widowed Divorced 6/15/1901 (ast birthdey) Months Deys	Hours Min.
Thomas Richardson  Is. Was deceased ever in u.s. armed forces? (Yes, no, or unknown) (Iffyespivewerordalesofsarvice)  Is. Was deceased ever in u.s. armed forces? (Yes, no, or unknown) (Iffyespivewerordalesofsarvice)  Is. Cause of Death (Enter only one cause per line for (e), (b), and (e).]  IB. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (e).]  PART I. DEATH WAS CAUSED BY:  Object is a lo immediate cause (a), stating the underlying DUE TO  Conditions, il eny, which gover its to immediate cause (a), stating the underlying DUE TO  Conditions, il eny, which gover its to immediate cause (a), stating the underlying DUE TO  Conditions, il eny, which gover its to immediate cause (a), stating the underlying DUE TO  Conditions, il eny, which gover its to immediate cause (a), stating the underlying DUE TO  Conditions, il eny, which gover its to immediate cause (a), stating the underlying DUE TO  Conditions, il eny, which gover its to immediate cause (a), stating the underlying DUE TO  Conditions, il eny, which gover its to immediate cause (a), stating the underlying DUE TO  Conditions, il eny, which gover its to immediate cause (a), stating the underlying DUE TO  Conditions, il eny, which gover its to immediate cause (a), stating the underlying DUE TO  Conditions, il eny, which gover its to immediate cause (a), stating the underlying DUE TO  Conditions, il eny, which gover its to immediate cause (a), stating the underlying DUE TO  Conditions, il eny, which gover its to immediate cause (a), stating the underlying DUE TO  Conditions, il eny, which gover its to immediate cause (a), stating the underlying DUE TO  Conditions, il eny, which gover its to immediate cause (a), stating the underlying DUE TO  Conditions, il eny, which gover its to immediate cause (a), stating the underlying DUE TO  Conditions, il eny, which gover its to immediate cause (a), stating the underlying DUE TO  Conditions, il eny, which gover its to immediate cause (a), stating the underlying to immediate cause (a), stating the underly		e during most of working life, even if relired)  Exermen Farming Vincinia USA	WHAT COUNTR
Thillip Richardson, Westover, Management   Thillip Richardson, Wes	7	nomas Richardson Lillie Griffin	
PART I. DEATH WAS CAUSE BY:   MMEDIATE CAUSE (a)   Pycloped   Pycloped   Pycloped	7	Phillip Richardson, Westover, Md	
Conditions, il eny, which gove rise to immediate cause (a), stating the underlying (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19.  20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of item 18.)  20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of item 18.)  20e. TIME OF INJURY Month, Dey, Yeer Hour a.m. 20f. (City or town) (County) While Not While at work		PART I. DEATH WAS CAUSED BY:	ERVAL BETWEEN SET AND DEATH
(a), stating the underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19, 19, 19, 19, 19, 19, 19, 19, 19, 19,			
20e. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Pert I or Pert II of item 18.)  20e. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Pert I or Pert II of item 18.)  20e. TIME OF INJURY   Month, Dey, Yeer   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.)   20f. (City or town)   (County)   20f. (City or town)   20f. (City or town)   20f. (City or town)   20f. (City or town)   20f. (County)   20f. (City or town)   20f. (County)   20f. (City or town)   20f. (City or town)   20f. (City or town)   20f. (City or town)   20f. (County)   20f. (City or town)   20f. (City or town		(a), stating the underlying DUE TO	
20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED While Not While at work at w	0	Quicular Fibrilation with Orbid Empolison Y 200, ACCIDENT WAS UNDERLYING   20b, DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Port I or Port II of item 18.)	PERFORMED?
21. I certify that (I) (this hospital) attended the deceased from and the saw the deceased alive on 1992, to 1992, to 1992, that saw the deceased alive on 1992, and that death occured at 1992, to 1992, that saw the deceased alive on 1992, and that death occured at 1992, to 1992, that saw the deceased alive on 1992, and that death occured at 1992, to 1992, that saw the deceased alive on 1992, that saw the deceased from 1992, to 1992, that saw the deceased alive on 1992, and that death occured at 1992, to 1992, that saw the deceased alive on 1992, and that death occured at 1992, the deceased alive on 1992, that saw the deceased alive on 1992, and that death occured at 1992, the deceased alive on 1992, that saw the deceased alive on 1992, and that death occured at 1992, the deceased alive on 1992, and that death occured at 1992, the deceased alive on 1992, and that death occured at 1992, the deceased alive on 1992, and that death occured at 1992, the deceased alive on 1992, and that death occured at 1992, the deceased alive on 1992, and that death occured at 1992, the deceased alive on 1992, and that death occured at 1992, the deceased alive on 1992, and that death occured at 1992, the deceased alive on 1992, and the death occured at 1992, and the deceased alive on 1992, and the death occured at 1992, and the deceased at 1992, and the deceased at 1992, and the death occured at 1992, and the deceased at 1992, and the deceased		(IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Dey, Yeer   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm,   20f. (City or town) (County)	(Stete)
saw the deceased alive on		p.m. 19 at work at work	nat (I) (we) la
22c. PHYSICIAN'S NAME (Type)  PHYS. DIRECTOR PHYS. 4/2 ( 22d. ADDRESS PLANE (Type)  23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)		saw the deceased alive on	/22b. DATE
238. BURIAL CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 236. LOCATION (City, town or county)		22c. PHYSICIAN'S PHYS. DIRECTOR PHYS. 22d. ADDRESS	1/6 2 SIGN
		BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)	(Stote)
24 FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  ADDRESS  258. RECTORY REGISTRAR 256. REGISTRAR'S SIGNATURE  WILLIAM H. James Jr Frincess Anne. 10  DATE	9	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 256. RECORN REGISTRAR'S SIGNAT	

OR ATTENDING PHYSICIAN: The law requires that the death certificate be



LAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1. MARYLAND 05216 CERTIFICATE OF DEATH directo PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Wicomico a. COUNTY a. STATE filed MARYLAND Mar land death. eral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) pe RURAL and give nearest tawn) P Yrs. Salisbury Salisbury d. NAME OF HOSPITAL (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION YES NO Zion Rd. Zion Rd. NAME OF First Middle 4. DATE Last Month Day Year DECEASED CHARLES ROBINSON DEATH April 19 62 (Type or print) S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED completely last birthday) ofter Months Days Hours WIDOWED | DIVORCED [ Sept. 20, 1943 18 Male White yrs. 10a. USUAL OCCUPATION (Give kind of work dane) 10b. KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired) Wilmington, Delaware U. S. Student 72 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 0 .= with Charles H. Robinson Jr. Mildred Mc Elhinnev 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Charles H. Robinson Jr., Salisbury, Md. attending No None death 18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH a Brain tumor PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (g) DUE TO that permit. Conditions, if any, which gned gave rise to immediate DUE TO cause (o), stoting the underlying cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? 4 YES NO 20g. ACCIDENT WAS UNDERLYING A
OR CONTRIBUTING ACCIDENT 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II af item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Hour a.m While Nat while at work at work p. m 196 2 that (1) (we) lost 21. I certify that (1) (this hospital) attended the deceased from... saw the deceased alive on and that deoth occurred A.A. M, from the couses and on the date stated above. by the ECTOR: 22a. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF PHYS. PHYS DIRECTOR \_ M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Main Street, Salisbury, Maryland Inslev hilip A. poge 3 the Stot 23b. DATE THEREOF 23a. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State) REMOVAL (Specify) Wicomico Memorial Park Buria April 6, 1962 Salisbury, Maryland 24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25g. REC'D BY REGISTRAR 25h REGISTRAR'S SIGNATURE Orthun S. Krouss Johnson Co., Salisbury, "aryland DATE SPR 9 162 15M 9/59



OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed in 24 hours after this. Pay may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4) 15M 7/61

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 05217 CERTIFICATE OF DEATH 05214

00102				
1. PLACE OF DEATH a. COUNTY			VCE (Where deceased lived, If Institution	Residence before edmission)
Wicomico	MARYLAND	a. STATE Mar	yland b. COUNTY Wi	comico
b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 16		(If outside corporata limits, writa RURAL a	
write RURAL end give neerest town)		X Dow		
d. NAME OF HOSPITAL OR INSTITUTION (if not in ho.	spital, give street address)	d. STREET ADDRESS	sonsburg	e. IS RESIDENCE
				ON A FARM?
Spring Hill Private Sa			Village	YES NO X
DECEASED	Middle	Last	4. DATE Month	Dey Yeer
(Type or print) EDITH		SHOCKLEY	DEATH APRIL 2	22nd 1962
. SEX 6. COLOR OR RACE 7. MARRIE	ED NEVER MARRIED X 8	DATE OF BIRTH	9. AGE (In years   IF UNDER	
Female White willow		May 31.188		Deys Hours Min.
On. USUAL OCCUPATION (Give kind of work   10b. K				TIZEN OF WHAT COUNTRY?
done during most of working life, aven if refired)				TT C A
Retired Public School 3. FATHER'S NAME	Teacher	14. MOTHER'S MAIDEN	ille, Maryland	USA
Daniel Shockley		Amelia	Ellen Bowen	
fes, no, or unkown)   (If yes give wer or dates of service)	SOCIAL SECURITY NO. 17. I	NFORMANT FI	elds(Exc.)620 Sm	ith Street
No	***	Salishu	ry, Maryland	il on boloco
18. CAUSE OF DEATH Enter only one cause per	line for (e), (b), and (c).)		-Janes J Little	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	rebrol Thr	om bosis		ONSET AND DEATH
DDAY	A			
DUE TO	1 0 000	no Scleros		71 17810 11 620
Conditions, if eny, which (b) Cey	enya Avis	no scero:	ses and	
(e), stating the underlying DUE TO	. \ - (	0 1 11	1 1	Sec. Sciller
ceuse last. (c)	1er tenseve	-artiona	remon Disease	
PART II. OTHER SIGNIFICANT CONDITIONS OF THE PROPERTY OF THE P	NTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERM	INAL DISEASE CONDITION GIVEN IN PA	RT 1(e) 19. WAS AUTOPSY PERFORMED?
Diahetes Mel	litus			YES NO X
200. ACCIDENT WAS UNDERLYING     20b. DES	CRIBE HOW INJURY OCCURED	. (Enter neture of injury in	Pert I or Pert II of item 18.)	
	N/A			
		CE OF INJURY (Home, fer		ounty) (State)
Hour a.m. N/A 19 et wor		ory, street, office bldg., et	N/A	
21. I certify that (I) (thinks) after	ded the deserral from	7.1.0=	1960 10 april 22 19	67 4-4 (1) (11-1) 1-4
				96. Zithat (I) (we) last
	ly, and that	death occured at.	M, from the causes and on	
220. SIGNATURE	11-01	ATTENDING PHYS.	MED. STAFF	22b. DATE SIGNED
	Hill M.		DIRECTOR PHYS. AT	ril 23/196
22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS		
Dr. Thomas C. Hi		Pine Bl	uff Road-Salisbu	iry, Maryland
a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town or cour	nty) (State)
Burial Apr. 24, 1962	Parsonsburg	Cemeteny	Parsonsburg,	Maryland
FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		C'D BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE
			The control of the co	S. Trans
HOLLOWAY & COMPANY	SALISBURY, MAR	RYLAND DATE	2 7 06	

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ithin 24 h

ATTENDING PHYSICIAN: The law requires that the deoth certificate be execut

05218 DIVISION OF ST		ND RECORDS — BALTIA	MORE 1, MARYLAND	05215
1. PLACE OF DEATH o. COUNTY WICOMICO	MARYLAND	2. USUAL RESIDENCE (Whe	nd b. COUNTY	on: Residence before admission) Wicomico
b. CITY OR TOWN (If outside corporate limits, write RUPAL Ind Far Sonsburg	LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou	tside corporote limits, write RI	URAL and give nearest town)
d. NAME OF HOSPITAL (If nat in haspital, give street ad OR INSTITUTION	dress)	d. STREET ADDRESS	ar somspur g	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Robert	Middle Er <b>∀i</b> n S	hockley	4. DATE Moni	th Day Year 20 19 62
S. SEX Male  6. COLOR OR RACE White Widowed.	37	B. DATE OF BIRTH Dec. 3, 188	9. AGE (In years lost birthdoy) 76 yrs.	Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	ND OF BUSINESS OR INDUS	Maryla	nd	12. CITIZEN OF WHAT COUNTRY?  U.S.A.
Emory Shockley			nia Figgs	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SC (Yes. no. or unknown) (If yes. give war or, dates of service) 2/	2 4 61	orge Shockl	Route Parsons	
Canditions, if any, which gove rise to immediate couse (o), stoting the under-lying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	nal disease condition giv	PERFORMED?
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	THE HOW INJURY OCCURREN	D. (Enter nature of injury in P	art 1 or Port II of item 1B.)	YES NO
20c. TIME OF INJURY Month, Doy, Year Haur a.m. 19 While at wark [	Nat while fac	ACE OF INJURY (Home, form, tory, street, affice bldg., etc.)	20f. (City or tawn)	(County) (State
21. I certify that (1) (this haspital) attended saw the deceased alive an 4/17.  220. SIGNATURE  220. PHYSICIAN'S NAME (Type)  E.M. LARMORI	19.62, and that d	eath accurred at 2:45	D. STAFF PHYS	d an the date stated above  22b, DATE SIGNED
REMBURSATI 4/22/1962	23c. NAME OF CEMETERY O	n Cemetery	23d. LOCATION (City, town, own, the Whitesville	e Maryland
In supplied the formation of the formati	laboress ;	mel.		Thuy S. Kraus

MARYLAND STATE DEPARTMENT OF HEALTH

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STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funoral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before edmission) e. COUNTY b. COUNTY , COMICO DICOMICO the d 2 MARYLAND by the b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL end give nearest town) .5 115 DUR NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street edgress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? South YES NO 3. NAME OF Middle DATE Month OF (Typa or print) DEATH 196 5. SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. NEVER MARRIED last birthday) and .1882 WIDOWED DIVORCED June 28 Q 6 physician 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF 8USINESS OR INDUSTRY | 11. BIRTHPLACE (County & Steta, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) Owner & Operator-Wall Paper & Paint Worcester Co. Maryland 13. FATHER'S NAME Store 14. MOTHER'S MAIDEN NAME Then please Handy Burbage Shockley Martha Carev 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. D. Shockley (Wife) 131 - Salisbury, Maryland INFORMANT (Yes,\_no, or unkown) | (If yes give war or detes of service Mrs.Alice Street physician. Unk 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTÉRVAL BETWEEN PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) DUE TO if eny, which (b) geve rise to immediate cause DUE TO (e), steting the underlying ceuse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION as PERFORMED? NO [ 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Pert II of item 18.) 20e. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH N/A MEDICAL 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (Stele) factory, street, office bldg., etc.) While Not While Hour e.m. et work at work 21. | certify that (1) (this hospital) affended the deceased from saw the deceased alive on тау SIGNATURE 22b. DATE ATTENDING STAFF SIGNED DIRECTOR PHYS. PHYS. M.D. FUNERAL 22d. ADDRESS PHYSICIAN'S director, be filed v Earl L.Beardslev Salisbury, Maryland Maryland 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 0 Parsons Cemetery Salisbury, Maryland ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A1S (4) DATE APR 9 15M 7/61 & COMPANY SALISBURY MARYLAND

requires that the death

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MARYLAND STATE DEPARTMENT OF HEALTH

Juge 28, 1842 79 Omer & Coerster - Wild Fanet - Line Boncester Co. Geryland U. J. A. Howall Stabula Smookley Prockley Cartel av(Vice) 1.01vic designat, yandsiles . ava tagiwan . . . . valatenet. Liet. Burdal Apr. 8,1962 Paraone Centeré de l'allesary, Esqleval THE TANK ON THE YOUR THERE WAS A THE THOU IN THE

STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fivad, If institution: Rasidenca before admission, a. COUNTY b. COUNTY 10011100 4 p MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 호 교 writa RURAL and give nearest town) LISBUILS Pages de d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? TENERAL YES NO D completely 3. NAME OF 4. DATE Middla Last Month Day Year DECEASED OF (Type or print) DEATH ACHEL 6. COLOR OR RACE 5. SEX 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED and last birthday) Months Days Hours WIDOWED T DIVORCED 64xrs. event, physician USUAL OCCUPATION (Giva kind of work 12. CITIZEN OF WHAT COUNTRY? attending pl 2. and 16. SOCIAL SECURITY NO. 1 17 ANFOR (Yas, no, or unkown) | (Ifyas giva war or datas of servica) вмоме 18. CAUSE OF DEATH [Enter only one cause par fine for (a), (b), PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE TO DUE TO Conditions, if any, which gava rise to immadiate cause DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED, (Entar natura of injury in Part I or Part II of itam 18.) 20a. ACCIDENT WAS UNDERLYING for OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) ATTENDING MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) Month, Day, Year factory, street, office bldg., atc.) Whila Not Whila Hour a.m. at work at work p.m. DIRECTOR: 21. | certify that (I) (this hospital) attended the deceased from. 19.6. Z and that death occured at from the causes and on the date stated above, saw the deceased alive on.. OR may 22a. SIGNATURE 22b. DATE ATTENDING MED. STAFF SIGNED, DIRECTOR PHYS. PHYS. M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) FUNE director, be filed 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL (Spedify) OF 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) DATE APR 2 3 '62 Circhay S. Thous 15M 7/61

MARYLAND STATE DEPARTMENT OF HEALTH

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ARTMENT OF HEALTH STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whara daceasad lived, If institution: Rasidence before admission) a. COUNT b. COUNTY by the and 2 death. MARYLAND b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 OR TOWN (If outside corporele limits, write RURAL end give neerest lown) write RURAL and give nearest town) .5 7 ed d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO X completely NAME OF DATE paper Month Day DECEASED OF (Typa or print) DEATH 19 and coi 5. SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. DATE ast birthday) Months Days Hours WIDOWED physician 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAMI 2 law requires that the death Then please P P 15. WAS DECEASED EVER IN O.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, non gr unkown) | (If yes give war or dates of sarvica) ian. 110 18. CAUSE OF DEATH (Enter only one cause Ser line for (a), (b), end (c), i þ ONSET AND DEATH DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUF TO Conditions, if any, which (b) gave risa to immediata causa DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY as of PERFORMED? NO F use CERTIFIC 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Entar neture of injury in Part f or Part II of item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (Stata) (County) factory, streat, offica bldg., etc.) While Not While Hour e.m. et work p.m. 21. I certify that (I) (this hospital) attended the deceased from ... M, from the causes and on the date stated above. and that death occured av. saw the deceased alive ATURE 22b. DATE OR 22e. ATTENDING SIGNED DIRECTOR PHYS. PHYS. M.D. O FUNERAL ADDRESS PHYSICIAN'S 23c. NAME OF CEMETERY OR (State) CREMATION. OL C'D BY REGISTRAR VR A15 (4) 15M 9/60

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DIVISION OF BOATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DEATH funeral hours after PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) e. COUNTY b. COUNTY by the and 2 death. 1comieu MARYLAND 1com/ce c. CITY OR TOWN (V outside corporete limits, write RURAL end give neerest town) b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL end give nearest town) ely filled in b irs. Pages 1 a hours after o d. STREET ADDRESS 15BUR d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) . IS RESIDENCE ON A FARM? FRANCIS YES NO carbon papers. I 05 completely NAME OF DATE Yeer Middle / Month DECEASED OF DEATH (Type or print) 19 5. SEX OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. Jast birthday) Months Deys WIDOWED DIVORCED event, physician remove 10a. USUAL OCCUPATION (Give kind of work (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, 13. FATHER'S NAME attending parties Then please 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO requires that the (Yes, pg, or unkown) (If yes give war or datas of service) attending physician. as been signed by the permit. 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) ellmonia has been signe e burial-transit DUE TO Conditions, if eny, which (b) geve rise to immediate cause certificate has by or use as the bur-prior to burial, DUE TO (e), steting the underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) PERFORMED? YES 20e. ACCIDENT WAS UNDERLYING T 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 1B.) 0 OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) detached WEDICAL 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) While Not While Hour a.m. may be retaine DIRECTOR: et work et work p.m. 21. I certify that (I) (this hospital) attended the deceased from... 19.4.4 that (I) (we) last plnods .196. —, and that death occurred at .11.2M, from the causes and on the date stated above saw the deceased alive on.l. 22e. SIGNATURE ATTENDING STAFF DIRECTOR PHYS. PHYS. M.D. page with th FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) director, 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a, BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 0 24 FUNERAL DIRECTOR'S SIGNATURE 25a. 256. RECOSTRAR'S SIGNATURE VR A15 (4) 15M 7/61 DATE

62

NO I

(Stete)

22b. DATE

SIGNED

## FOR STATE

05223

HEALTH DEP ase execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PMS, Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

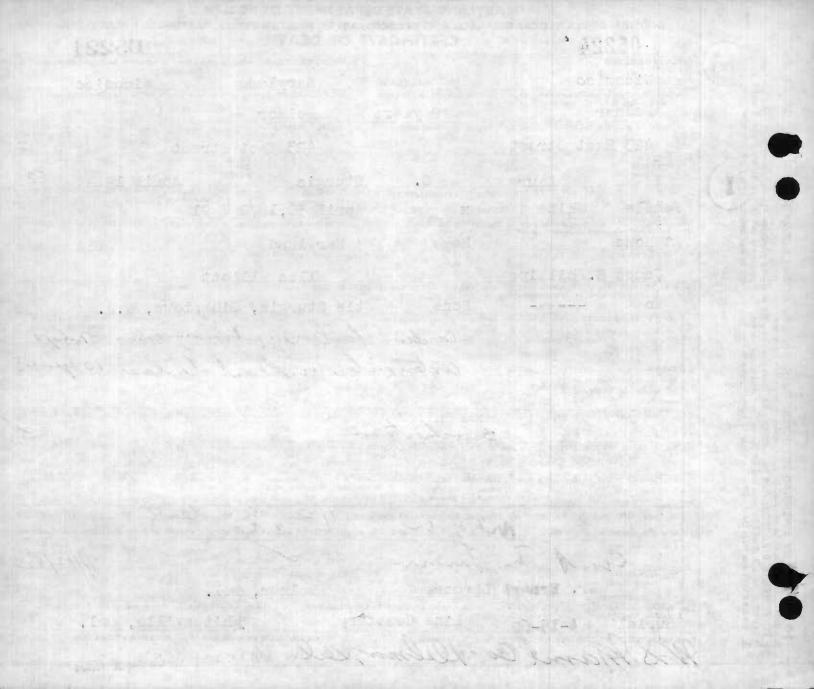
## MARYLAND STATE DISCRIMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 05220

0044	0					UUN.	~
1. PLACE OF DEAT			2. USUAL RESIDEN		esed lived, If instituti	on: Residenc	ce before admission)
	Wicomico	MARYLAND	Mar	yland	b. COUNTY W	lcomi	CO
b. CITY OR TOWN write RURAL en	(if outside corporete limits, and give neerest town) Salisbury	c. LENGTH OF STAY IN 1b		If outside corpore	te limits, write RURA	L end give n	neerest town)
d. NAME OF HOSP	PITAL OR INSTITUTION (if not in	n hospitel, give street eddress)	d. STREET ADDRESS		Mary Commen		. IS RESIDENCE
	at Pen.Gen	*	123		Street		YES NO
3. NAME OF DECEASED (Type or print)	ALBERT	Joseph	STRIMPLER	4. DATE OF DEATH	APRIL	27	19 62
5. SEX	6. COLOR OR RACE 7. MA		B. DATE OF BIRTH	9. /	AGE (In years   IF UND	- 4	IF UNDER 24 HRS.
Male	7.79 0 0	The second secon	ugust 15.1	882	ast birthday) Moeth	hs Pays	Hours Min.
10a. USUAL OCCUPA	TION (Give kind of work   1E	Db. KIND OF BUSINESS OR INDUST			/	CITIZEN O	F WHAT COUNTRY
	cashier) Rest	aurant	Hazleton,		1	USA	
Control of the Contro	an Strimpler		Caroline		th		
	VER IN U.S. ARMED FORCES?						11 -
No (Yas, no, or unkown)	(If yes give war or detes of servica)	Mr	.William A Mt.Wolf	.Plappe	ert(Adm.	) R.D.	# 1
	DEATH [Enter only one cause TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	per line for (a), (b), end (c).)	ary Fle	rom	fores		ERVAL BETWEEN SET AND DEATH
Conditions, If an	DUE TO						
geve rise to imme	diete ceuse						
(a), steting the	underlying DUE TO						
causa lest.	(c)	CONTRIBUTING TO DEATH BUT NO	OT BELATED TO THE TERAD	MAL DISCASS CO	AIDITION CIVIN IN	D A D T 41 34 44	2 1/45 4112000
PART II. OTHI	ER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	DI KELATED TO THE TERMIN	ANT DISENSE CO	NDITION GIVEN IN I		PERFORMED?
	ONTRIBUTING 🗆	ESCRIBE HOW INJURY OCCURED. (	Enter neture of injury in Per	t I or Part II of ite	m 18.)		
20c. TIME OF INJ	11/27/62		ACE OF INJURY (Home, ferm tory, street, office bldg., etc.	1	sbury-Wic	(County)	(Stata)
- CVA		remains described above, he	eld an Autonsy 🔽	Inspection 3	-		in my opinion
death resulted			ide . Homicide	14	termined manner		in thy opinion
deam resulted	A Raidial causes	A Julia	CHIEF MEDICAL I		Tornamed mailler		
ACTUAL	Huln G	twoling	ASSISTANT MED		П	D.	ATE SIGNED
SIGNATURE	r.Phillp A.T	nsley	DEPUTY MEDICAL			4	Cl.
NAME (Typa)	ain Street-S	Salisbury, Mary	land Address (Street,	city, town, or cou	anty) April	1	1962
22a. BURIAL, CREMATI REMOVAL (Spacif	ON, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATIO	N (City, town, or cou	intry)	(State)
Burial	April 30/6	2 St. Gabriels		Hazlet	on, Penna	à.	
23. FUNERAL DIRECTO		ADDRESS			R 245. REGISTRAR	'S SIGNATU	JRE
HOLLOWAY	& COMPANY	SALISBURY, MAR	YLAND DATE AL	R30'62	arthug	I Kens	6

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			DIVISION OF STATISTICAL RESEARCH AND RECORDS	5, 301 W. PRESTON STREET, BALTIMORE 1,	MARYLAND
ie le	1		05224 CERTIFICAT	E OF DEATH	5221
rs after funeral	M)		PLACE OF DEATH  a. COUNTY  Wicomico  MARYLAND	a. STATE  Maryland  2. USUAL RESIDENCE (Where deceased lived, if institution b. COUNTY  Windian	
24 hour by the 1 and 2 r death.			b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  Delmar  2 years	c. CITY OR TOWN (If outside corporate limits, write RURAL a	comico and give neerest town)
hin Pages urs afte	X		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  423 East Street	d. STREET ADDRESS	a. IS RESIDENCE ON A FARM? YES NO
etely pers. 2 ho			NAME OF First Middle	Lest 4. DATE Month OF	Day Yeer
complete partition 7	1)		(Type or print) Laura C.	Sturgis DEATH April	12th 19 62
and carbo	ノ		Female White WIDOWED DIVORCED	April 30, 1870  9. AGE (In years   IF UNDER lest birthday) 91 yrs.  Months	R 1 YEAR IF UNDER 24 HRS.  Days Hours Min.
srtifical ysician emove ny eve		10a do	a. USUAL OCCUPATION (Give kind of work pane during most of working life, even if ratirad)  At Home  Home	RY II. BIRTHPLACE (County & State, or foreign country)   12. C	CITIZEN OF WHAT COUNTRY
in ar		13.	. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	UDA
e dea endin n ple				Ellen Elliott INFORMANT Address	
at the att		(Ya	es, no, or unkown) (Ifyesgivawarordelasofsarvice) None	otis Sturgis, Gibbstown, N	.J.
res th ician. by th ermit.			18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	1 -1	INTERVAL BETWEEN ONSET AND DEATH
phys gned asit p			PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  DUE TO	factor porter y soon	- County's
law iding sen si al-tra			Conditions, it eny, which gave rise to immediate cause	broter Reart diseas	a 10 years.
The after has be burily crial, c			(a), stating the underlying DUE TO causa last. (c)		
CIAN: oital or ficate t as the to but	0	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA	RT 1(a) 19. WAS AUTOPSY PERFORMED?
PHYSI the hosp nis certifor use for use th prior		CERTIFIC	206. ACCIDENT WAS UNDERLYING   206. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Entar nature of injury in Part I or Part II of Itam 18.)	110 11 110 11
DING hed by After the etached of Heal		MEDICAL		ACE OF INJURY (Homa, ferm, 2Df. (City or town) (C tory, streat, office bldg., etc.)	ounty) (Stata)
TTEN TOR: TOR: Dept.			21. I certify that (I) (this hospital) attended the deceased from.	1/2, 1952, to dear 2, 1	9, that (I) (we) las
OR A ay be IREC should State			saw the deceased alive on	death occured at/s.M., from the causes and on	22b. DATE
the 3 Da	1		22c. PHYSICIAN'S	A.D. PHYS. DIRECTOR PHYS. 22d. ADDRESS	H/12/62
Pa Pa Vith			NAME (Type) Dr. Ernest Larmore	Delmar, Del.	//
FUNE FUNE rector, p	9	23	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify) 4-15-62 Line Cemet	OR CREMATORY   23d. LOCATION (City, town or cou	
O P O P A	10:	24	BUT181 4-15-62 LITTLE CETTER OF ADDRESS /	Lery Whitesville,	
VR A15 (4) 15M 9/60	A.	12	VX. Marul Cu - Lelmon	COLDATE APR 1 6 '62 and	S. Kraus
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MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 2. USUAL RESIDENCE (Where decessed lived, if Institution, Residence before edmission) shoule 1. PLACE OF DEATH COUNTY b. COUNTY e. STATE NICOMICO 高い方 MARYLAND by the b. CITY OR TOWN (if outside corporete limits, deat c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) write RURAL end give nearest town? hours after .= -115 buz Pages 9 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress d. STREET ADDRESS . IS RESIDENCE ON A FARM? HOSPITA GENERA YES NO NO npletely papers. NAME OF Lesi 4. DATE Month Dev Yeer DECEASED OF (Type or print) WARN DEATH within 196 INE and con carbon 5. SEX 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeers HF UNDER 1 YEAR) IF UNDER 24 HRS. last birthday) Months Deys Hours Min. mAle WIDOWED T evenf, Vrs. physician remove 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPRACE (County & Stete, or foreign country) 12. CITIZEN:OF WHAT COUNTRY? dene, during most of working life, even if retired) 13. FATHER'S NAME please MOTHER'S MAIDEN NAME 5 affending Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, of unkown) | (If yes give wer or detes of service) ova hospital or attending physician. certificate has been signed by the permit. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c). INTERVAL BETWEEN ONSET AND DEATH 0 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) the burial-transit burial, cremation, DUE TO if eny, which geve rise to immediate cause DUE TO (e), steting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY as PERFORMED? 0 ulmonari YES NO Z use prior 20e. ACCIDENT WAS UNDERLYING IT 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) for OR CONTRIBUTING | CAUSE OF DEATH After this letached for (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20e, PLACE OF INJURY (Home, farm, 1 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED | 20f. (City or town) (County) (Stete) factory, street, office bldg., etc.) While Not While ō Hour e.m. at work et work Should be de p.m. 1.6., 19.0.7 that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from to. Aug. 19.0.2, end thet death occured at 2 M, from the causes and on the dete stated ebove. saw the deceased alive on... 220. SIGNATURE 22b./ DATE ATTENDING SIGNED PHYS. DIRECTOR PHYS. M.D. page 22c. PHYSICIAN 22d. ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) 23e. BURIAL, CREMATION, 23b. DATE THEREOF (State) REMOVAL (Specify) 0:58 255. REC'D BY REGISTRAR 7256. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) 15M 7/61

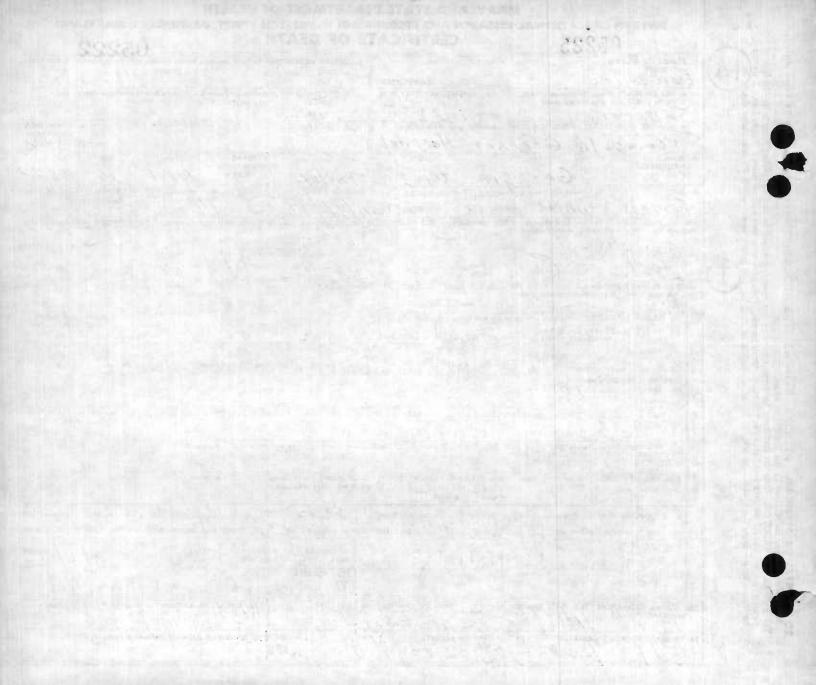
24 hours after

The law requires that the death certificate

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ARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 05226 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) e. COUNTY b. COUNTY Baltimore City Wicomico Maryland MARYLAND b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL end give nearest town) Baltimore 57 days Salisbury
d. NAME OF HOSPITAT OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? Deer's Head State Hospital 1503 Pentridge Road YES NO papers. 3. NAME OF First Middle DATE Month Year DECEASED April Roberta Taylor 10 62 Susan DEATH (Type or print) 19 carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. and last birthday) Female White July 1, 1880 WIDOWED DIVORCED T 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (County & State, or foreign country) physicia done during most of working life, even if retired)
Retired Homemaker Maryland USA ding p 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Robert F. Rynehart Susan V. Brice 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give wer or detes of service) No Mr. Robert P. Chambers-1517 Stonewood Rd. INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] PART I, DEATH WAS CAUSED BY: Renal failure IMMEDIATE CAUSE (e) DUE TO Coronary thrombosis with myocardial failure 10 wks. Conditions, if env. which gave rise to immediate cause DUE TO (e), steting the underlying Arteriosclerotic heart disease Years PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY CERTIFICATION 95 PERFORMED? Cardiovascular accident NO X prior 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH WEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, (Stelle) 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Yeer factory, street, office bldg., etc.) While Not While Hour e.m. et work at work 3/27 1962 to April 10, 1962, that (i) (we) last 21. I certify that (I) g(this hospital) attended the deceased from....... 1962 and that death occured at. ......M, from the causes and on the date stated above. 22b. DATE 22e. SIGNATURE 10/62 NED ATTENDING STAFF PHYS. DO PHYS. DIRECTOR M.D FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) L. V. Maldve, M. Head State Hospital; Salisbury, Md. filed \ 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) 0 5 8 Loudon Park Cemetar 25a. REC'D BY REGISTRAR- 256. REGISTRAR'S SIGNATURE ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Circles & Thomas 15M 7/61 narylana

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THE REPORT OF THE PROPERTY OF ANY PROPERTY AND A STREET 9 1 . . . . . AT TAKEN THE PROPERTY OF THE STANDARD OF THE S . TE UE-The second of the second of th HARRIE LEGISLA CONTRACTOR SANCE AND CONTRACTOR OF THE CONTRACTOR O The little was sometiment of the second of t The Contract of the Secretary of the Sec

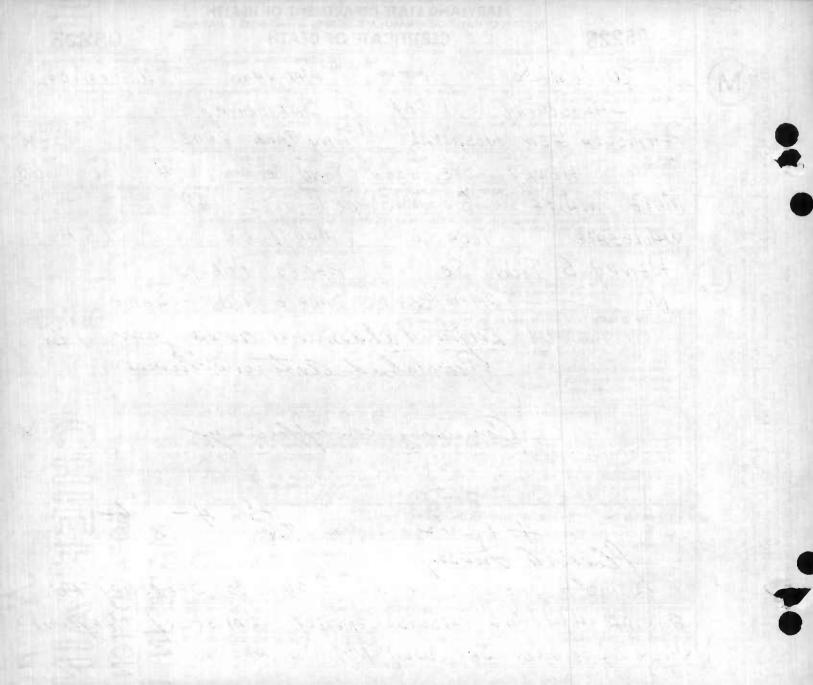
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND MEDICAL EXAMINER'S CERTIFICATE FOR STATE OF DEATH HEATTH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmission) e. COUNTY Page b. COUNTY Maryland Somerset Wicomico MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporata limits, write RURAL and give neerest town) write RURAL end give neerest town) Westover Salisbury davs d. NAME OF HOSPITAL OR INSTITUTION (if not In hospitel, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? funeral retained Peninsula General Hospital YES NO IN NAME OF Last 4. DATE Month Dev the DECEASED OF 18. Give Pages 1, 2, and 3 to the h form PM3. Page 5 may be relemit. File pages 1 and 2 with the vecent within 72 hours after d (Type or print) DEATH Elizabeth Thompson 4-3-62 19 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) Months Hours WIDOWED X DIVORCED 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, aven if retired) Housewife Home Georgia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Elisha Wood Lucretia Hood 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT permit. (Yes, no, or unkown) [ (If yes give war or detas of sarvica) with Sherwood Cox. Westover. Md. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c). INTERVAL BETWEEN lease execute the certificate, writing the word "pending" in pencil in I should be forwarded to the Chief Medical Examiner's Office along FUNERAL DIRECTOR: Page 3 should be used as a burial-transit r its designated agent, prior to burial, cremation, or removal, and in PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) MEDICAL EXAMINER: This certificate should be DUE TO Conditions, if eny, which (b) geve rise to Immediata cause DUE TO (e), stating the underlying cause last. PARTHIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0): 19, WAS AUTOPSY PERFORMED? NO 1 20e. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE/HOW INJURY OCCURED. (Enter neture of injury In Part I or Pert II of item 18.) CAUSE OF DEATH. home and fractured left hip. 20c. TIME OF INJURY Month, Dev. Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm.) 20f. (City or town) . (County) (Stata) Whila Not While factory, street, office bldg., atc.) et work at work Westover Own home 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted from: Matural causes Suicide Undetermined manner Accident Homicide CHIEF MEDICAL EXAMINER ACTUAL. ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER -EXAMINER'S L. Royer. O DEPU NAME (Type) Address (Street, city, town, or county) OR CKEMATORY TO 22e. BURIAL, CREMATION. 22d. LOCATION (City, town, or country) (Stete) REMOVAL (Specify) 240 g BURLAT 4-9-1962 BLOOMALL. MEMORIAL CEM. CEM BLOOMALI. PAZ

24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME PRINCESS ANNE, MD. DATE ARE Chilmy S. Traus 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) g. COUNTY b. COUNTY MARYLAND 100m1Co b. CITY OR TOWN (If autside carparate limits, write RURAL and give aegsest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) pe plu d. NAME OF HOSPITAL (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS OR INSTITUTION VI IANK 05 YES NO ENINSUL NAME OF Middle 4. DATE Day Year Manth DECEASED EVENSON (Type or print) DEATH B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED 9. AGE (In years lan b(r)hday) Manths Days Haurs DIVORCED WIDOWED | 10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during/mast af warking life, even if retired) DACCO WHOLESALE puo 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME .5 physicic 17. INFORMAN IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 18. CAUSE OF DEATH [Enter anly one cause per lipe for INTERVAL BETWEEN (a), (b), and (c) ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise to immediate DUF TO cause (a), stating the underlying cause lost. PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO NO 200. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Port IV af item 18.) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or tawn) 20c. TIME OF INJURY Manth. Day, Year (County) (State) factory, street, affice bldg., etc.) Haur a. m. While Nat while at wark at wark p. m. 21. I certify that (I) (this haspital) attended the deceased fram. That (I) (we) last and that death occurred of AM, from the causes and an the date stated above saw the deceased alive an OR 22a. SIGNATUR 22b. DATE M.D. PHYS. SIGNED MED. STAFF PHYS. 22c. PHYSM 22d. ADDRESS FUNER, 230: BURIAL CREMATION. 23b DATE THEREOF 23- NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, tawn, or county) (State) 25b. REGISTRAR'S SIGNAT ADDRESS 25a. REC'D BY REGISTRAR DATE 1SM 9/59 were C. Thie



15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

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Day

Hours

INTERVAL BETWEEN

AND DEATH

PERFORMED?

YES NO

that (1) (we) last

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22b. DATE SIGNED

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12. CITIZEN OF WHAT COUNTRY?

Doys

(County)

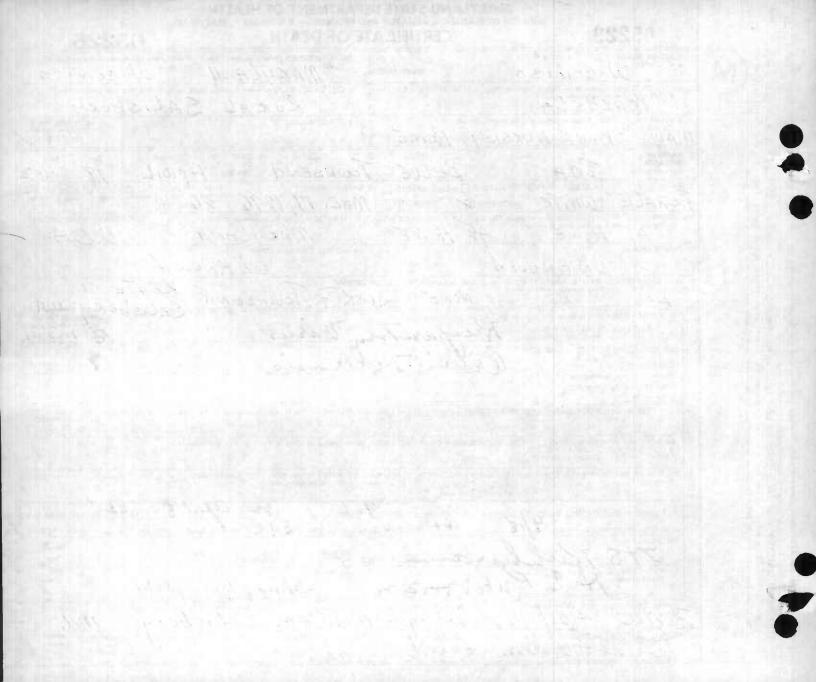
IS RESIDENCE

ON A FARM?

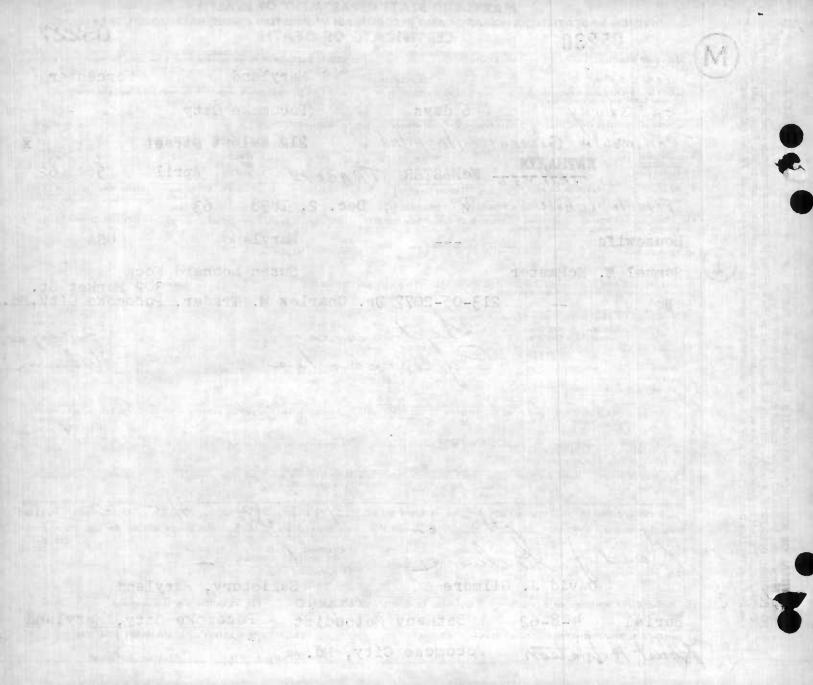
YES NO

Year

1960



ARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 05230 funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. COUNTY b. COUNTY by the and 2 death. Wicomico land Worcester MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town write RURAL end give neerest town) isbury Pocomoke City days 6 d. NAME OF HOSPITAL ORINSTITUTION (if not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? tosbitA Walnut Street YES NO TH NAME OF DATE Dev DECEASED 1962 Apri (Type or print) DEATH 5. SEX 8. DATE OF BIRTH 9. AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) DIVORCED Dec. WIDOWED V please remove 1Da. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired Maryland USA Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Samuel Susan Leonard Nock McMaster 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address 302 Market St. (Yes, no, or unkown) | (If yes give we ror dates of service) Dr. Charles W. Trader, Pocomoke City, Md. INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO aftending Conditions, it env. which geve rise to immediate cause DUE TO (e), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? prior NO 2Db. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Part II of item 18.) 200. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State) 2Dc. TIME OF INJURY Month, Day, Yeer fectory, street, office bldg., etc.) While Not While Hour a.m. et work at work DIRECTOR: p.m 3.0.... 21. I certify that (I) (this hospital) attended the deceased from....... saw thendeceased alive on...... 22b. DATE SIGNATURE SIGNED ATTENDING STAFF PART PAGE 4
FUNERAL 1 ann PHYS. V DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Gilmore Salisbury, Maryland David 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OF CRAMATORYX 23d. LOCATION (City, town or county) REMOVAL (Specify 0.5 Bethany Methodist Burial Pocomoke City, Maryland ADDRESS 258. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ELINERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 7/61 Pocomoke City, Md



PITAL OR ATTENDING PHYSICIAN: The law requires that the death certifical

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 05231 CERTIFICATE OF DEATH 05228 05228

PLACE OF DEATH     COUNTY	ł			ICE (Where deceesed liv		ence before admission
	Wicomico	MARYLAND	e. STATE Mary		Dorch	nestor
b. CITY OR TOWN (i	if outside corporete limits, I give neerest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporate limit	ts, write RURAL end giv	re neerest town)
	Salisbury	12 Days	demak.	ock William	msburg	19x.2
d. NAME OF HOSPI	TAL OR INSTITUTION (if no	of in hospital, give street eddress)	d. STREET ADDRESS		Dan 27	e. IS RESIDENCE
	Deer's Head	State Hospital		P. U	. Box 37	YES NO
3. NAME OF DECEASED	First	Middle	Last	4. DATE OF	Month De	Yeer Yeer
. (Type or print)		Turner			April 27	19 62
5. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (Ir last birt	years   IF UNDER 1 YEA	
Female			December 25.		Hiemina Bella	Hours Min.
10a. USUAL OCCUPAT	ION (Give kind of work rking life, even if retired)	106. KIND OF BUSINESS OR INDUSTI		nty & State, or foreign co	ountry) 12. CITIZEN	OF WHAT COUNTRY
	Housework	Walca Home	\$uffolkVirg	inia	U.	S. A.
13. FATHER'S NAME	1100000110211	20000	14. MOTHER'S MAIDEN			
James	Edward		Rosi	е имжж (та	iden name u	in known)
15. WAS DECEASED EV	ER IN U.S. ARMED FORCES				Address	
(Yes, no, or unkown) (I	fyes give wer or detes of servi		ospital Reco	nda - Solia	hume Marrel	land
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(e), stating the u	nderlying					
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OR CONTRIBUTING	AS UNDERLYING 20 CAUSE OF DEATH MEDICAL EXAMINER)	b. DESCRIBE HOW INJURY OCCURED	). (Enter neture of injury in	Pert I or Pert II of item 1	8.)	
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21. I certify t	1 1 1-%	atlended the deceased from.		19, to4/.4		that (I) (we) las
saw the deceas	sed alive on.	92/19, and that	death occured at.Z.	M, from the ca	uses and on the	date stated above
22a. SIGNATURE	77	1 /	ATTENDING	AFD STAFF	A 78-	22b. DATE SIGNE
	11 MM	allry "		DIRECTOR PHYS.		21, 1962
22c. PHYSICHAN'S			22d. ADDRESS		A high do also do	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
NAME (Type)	Lee L.	Lawry, M.D.	Deer's He	ad State Ho	spital - Sa	alisbury.M
	ON, 236. DATE THEREOF			23d. LOCATION (C		(State)
Burial (Specify)		1962 Federal Hil	1 Cemeterv	Federalsh	urg, Maryla	nd
24 FUNERAL DIRECTOR		ADDRESS	25e. RE	C'D BY REGISTRAR 25		
11 Francis	om + Son Y	-ederalsburg, Mc		APR 2 6 '62	arthur &	
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		NAME OF DECEASED		rst	Middle		Last	4. DATE	Month	Day	
l		Type or print)	TAMA		LEIGH	WATS	ON	DEATH AI	KIL	13th	1962
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		Richard	d L. Watso	n		В	etty J	ean Jackso	n		
	15.	WAS DECEASED	EVER IN ILS ARMED E	OPCES2   16	SOCIAL SECURITY			L. Watson		-1407	0
	(10)	NO NO	(If yes give wer or datas	of service)		Mr.n	ad -	L. watson	Manual	11/# (T	ocean
	T	18. CAUSE OF	DEATH [Enter only o	na cause per l	ine for (e), (b), end (	(c).]	au -	Salisbury,	TIOLI Y I	I IN	TERVAL BETWEE
- 1		PART I. DE	ATH WAS CAUSED BY		ai ta	F.	Incl			0	NSET AND DEAT
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		(e), stating the	underlying			1					
		cauca last		(c)							
7	z	ceusa last.		DITIONS COM	ATRIBUTING TO DEAT	TH BUT NOT REL	ATED TO THE TE	RMINAL DISEASE COND	ITION GIVEN	IN PART I/all	19 WAS ALITO
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0	ERTIFICATION	PART II. OTH	HER SIGNIFICANT CON	20b. DES	CRIBE HOW INJURY			RMINAL DISEASE COND		tN PART 1(e)	PERFORME
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0	-	PART II. OTH	WAS UNDERLYING GAUSE OF DEAT FY MEDICAL EXAMINE  JURY Month, Dey,	HR) 20b. DES	CRIBE HOW INJURY  A INJURY OCCURRED  Not While	OCCURED. (Enta	or neture of injur FINJURY (Home, reet, office bldg.	y in Pert 1 or Pert II of ite	m 1B.)	(County)	PERFORME
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0	-	PART II. OTH  20a. ACCIDENT OP. CONTRIBUTIN (IF EITHER, NOTI  20c. TIME OF IN Hour e.m p.m  21.   certify	WAS UNDERLYING GOOD CAUSE OF DEAT FY MEDICAL EXAMINE  UURY Month, Dey,  N/A 19  that (I) (this hos	Yeer 20d. While at wor	CRIBE HOW INJURY  A INJURY OCCURRED Not While at work  ded the decease	OCCURED. (Enter	FINJURY (Home, reel, office bldg.	y in Pert 1 or Pert II of ite	m 1B.)	(County) I/A 3, 196, 2	PERFORMEI YES NO (State
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0	-	PART II. OTH  20a. ACCIDENT OR CONTRIBUTIN (IF EITHER, NOTI  20c. TIME OF IN Hour e.m p.m  21. I certify saw the dece 22e. SIGNATUR  22c. PHYSICIAN	WAS UNDERLYING CAUSE OF DEAT FY MEDICAL EXAMINE  UNITY Month, Dey,  that (I) (this hos pased alive on	Yeer 20d. While at wor	CRIBE HOW INJURY  A INJURY OCCURRED  Not While at work  ded the decease  19.6	20e. PLACE O factory, standard thet dea	F INJURY (Home, office bldg. N/A) th occured a ATTENDING PHYS. X 22d. ADDRESS	y in Pert I or Pert II of ite farm, 20f. (City or to , etc.)  50 A To	m 18.)  No. (1)  Causes and  AFF. App	(County) N/A 3. 196.2 d on the d	PERFORMEI YES NO  (State that (I) (we) ate stated eb 22b. DA /1962
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0	WEDICAL 23a	PART II. OTH  20a. ACCIDENT OR CONTRIBUTIN (IF EITHER, NOTI  20c. TIME OF IN Hour e.m p.m  21. I certify saw the dece 22e. SIGNATUR  22c. PHYSICIAN NAME (Tyi  BURIAL, CREMA REMOVAL (Speci	WAS UNDERLYING CAUSE OF DEATER MEDICAL EXAMINE  JURY Month, Dey,  that (I) (this hose passed alive on	Yeer 20d. While at woil pital) attended the Modern	CRIBE HOW INJURY  A INJURY OCCURRED  Not While at work  ded the decease  19.6  TEAN  123c. NAME OF C	20e. PLACE Of factory, sign and thet dea	FINURY (Home, ree), office bldg.  N/A  th occured a  ATTENDING PHYS.  22d. ADDRESS  edical  REMATORY	y in Pert I or Pert II of ite  farm, 20f. (City or to , etc.)  19 6 7 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	m 18.)  No. (App. App. Salls  (City, town of Sbury, 25b. REGIST)	(County)  I/A  3. 196.2 d on the d  Pril  Soury, or county)  Maryl	PERFORMEI YES NO  (State that (I) (we) ate stated eb 22b. DA /1962 Marylan (State) and

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-			DIVISION OF STATISTICAL RESEA	CERTIFICATE	OF DEATH	STREET, BALTIMORE	
ours after ne funeral 2 should			PLACE OF DEATH a. COUNTY Wicomico	Item 16, Film	a. STATE Dela	b. COUNT	Sussex
in by the s I and 2 ter death	VI		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest fown)	c. LENGTH OF STAY IN 16	Selbyv	f outside corporate limits, write	46×3
within ly filled i	X		d. NAME OF HOSPITAL OR INSTITUTION (if not in		d. STREET ADDRESS Churc	h Stl	e. IS RESIDENCE ON A FARM? YES NO
mplere paper in 72 h		3.	NAME OF DECEASED (Typa or print) Aline		lking	A. DATE Month OF DEATH AD r11	22. 196.2 19
and co carbon		5.	Female   6. COLOR OR RACE   7. MAR   Wildow		July 18. ]		IF UNDER 1 YEAR IF UNDER 24 HRS.  Months Days Hours Min.
certificate ohysician ar remove ca any event,	)	do	b. USUAL OCCUPATION (Give kind of work no during most of working life, even if refired)  RESISTORE NURSE  FATHER'S NAME	School	Marylar  14. Mother's Maiden		12. CITIZEN OF WHAT COUNTRY?
death ading p			Norman F.	Cordrey	Myra B.	Baker	
aw requires that the fing physician. an signed by the atter-transit permit. Then amation, or removal, it			18. CAUSE OF DEATH [Enter only one cause pure part I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a)  Conditions, if any, Which (b)	16. SOCIAL SECURITY NO. 17. 1: 222-22-35644  or line for (a), (b), and (c), 24 Cipoma of 2-6.5 to ses	Myra Cords  Breast  to Live	rey Pittsv:  19 in th	INTERVAL BETWEEN ONSET AND DEATH
IIAN: The ital or attencticate has be as the burial to burial, cr.	0	MOIL	gava rise to immediate cause (a), stating the underlying DUE TO cause last,  PART II. OTHER SIGNIFICANT CONDITIONS C	ones (Gene	ralized to the termin	NAL DISEASE CONDITION GIVE	EN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
PHYSIC the hosp his certif for use th prior		CERTIFICATION	208. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEATH (IF EITHER OTHER)	DESCRIBE HOW INJURY OCCURED.	(Entar natura of injury In	Part I or Part II of itam 18.)	123
ned by After t detached of Hea		MEDICAL	a.m. ,.m. 19	hile Not While facto	CE OF INJURY (Homa, farm ory, streat, office bldg., atc.		(County) (Stata)
CRAL DIRECTOR page 3 should be cwith the State Dept.	1		21. I certify that (I) (this hospital) att saw the deceased alive on	Hell M.	death occured at		and on the date stated above.  27b. DATE SIGNED
o HOS death. Pas to FUNERAL director, page be filed with the		23	Thomas C. Hil  BURIAL, CREMATION, 23b. DATE THEREOF  BURIAL (Specify)  4/25/62	1. Jr. M.D.	DR CREMATORY	Pittsvill	
VR A15 (4) 15M 9/60	8	24	FUNERAL DIRECTOR'S SIGNATURE LAND	Sellepulle,	Del DATE	O'D BY REGISTRAR 256. REG	CITTHEY & HELLE

. MARYLAND STATE DEPARTMENT OF HEALTH

within 24 hours after

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MARYLAND STATE DEPARTMENT OF HEALTH

RESENT 34430 Loombool SISTY LIEWOI 1 - 085 / STAE, 1, Wolf 13 ement etale etale A S U Introduction to design the state of th (o't12) sgint he smill youd, so Charlest market and the a line of the same of the The state of the s basigned, alenifold Dr. Proble Louis Burtynet efficiency was energy as most as a section of the HOLLOWAY & COMPANY SAMMER, MARYSAND

ARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 05236 CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where daceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY iely filled in by the fars. Pages 1 and 2 s hours after death. MARYLAND Wicomico b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b OR TOWN (If outside corporeta fimits, write RURAL and give neerest town) write RURAL and give neerest town ISDURU NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? YES NO NAME OF 4. DATE Yeer Month Day DECEASED OF DEATH (Type or print) 19 AGE In yeers | IF UNDER 1 YEAR 5. SEX IF UNDER 24 HRS. 6. COLOR B. DATE OF BIRTH 7. MARRIED NEVER MARRIED lest birthdey) Months Hours 27 WIDOWED 49 yrs. 6 USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) House Work at Home None 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME please attending Then please Virgil P. Wilkins Annie n. Hastings

Address
Mrs. Annie H. Wilkins (Mother) % Mrs. Lloyd
Elliott-Melson Rd. Pittsville Md.
NIERVAL BETWEEN Annie H. Hastings 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yas, no, or unkown) | (If yes giva wer or dates of service) No 18. CAUSE OF DEATH [Enter only one couse parline for (e), (b), and (c) ONSET AND DEATH I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) geva rise to immediate cause DUE TO (e), steting the underlying ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY PERFORMED? NO L YES 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Pert II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stete) 20c. TIME OF INJURY Month, Day, Yeer factory, street, office bldg., atc.) While Not While et work at work attended the deceased from... 19 ....., that (I) (we) last 21. 1 certify that (I) (this hospital) 19 62 and that death occurred a C. C.M. from the causes and on the date stated above. saw the deceased alive on. OR A 22b. DATE 22e. SIGNATURE SIGNED ATTENDING STAFF DIRECTOR M.D. FUNERAL 22c. PHYSICIAN'S 22d. ADDRESS Center- Salisbury, Maryland filed v Dr. David 23c. NAME OF CEMETERY OR CREMATORY 23e. BURIAL, CREMATION, | 23b. DATE THEREOF 23d. LOCATION (City, town or county) REMOVAL (Specify) D ig & 17,1962 tery Parsonsburg, Maryland
250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE Burial Parsonsburg Cemetery 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) 15M 9/60 DATAPR 1 7 '62 80 COMPANY SALISBURY, MARYLAND Century S. Firaus

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		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
- TOTO		05237 CERTIFICATE OF DEATH 05233
afte nera	$\mathbf{M}$	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY STATE
urs 2 sh		Wicomico MARYLAND MARYLAND Wicomico
ho ho		b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
24 n b		Salishum Sife 1502, Rose Street
hin led i	X	d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give steet eddress)  d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
Fill Pa		502 Rose Street Salisbury and. YES NO
etely 2 h		3. NAME OF DECEASED First Middle Last 4. DATE Month Dey Year
mpl pap		(Type or print) James Butles Williams DEATH april 13 1962
o co		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE In years IF UNDER 1 YEAR IF UNDER 24 HRS.
and and cark		male C WIDOWED DIVORCED 12-25-1888 T3 yrs. Months Deys Hours Min.
icate sian sve		10e. USUAL OCCUPATION (Give kind of work done during most of working life, even it retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
serrif emo		Plumber Same Dames Suarter Thismus mel.
h c h c se r		13. FATHER'S NAME
ding ding plea nd	(1)	Issac Williams Susan!
then then the diff.	(1)	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  (Yes, no, or unkown) (Ifyes give wer or detes of service)
at the		no 314-12-6125A-8 Dessie Villiams -502 Kase St. Delis
an. y th mit.		18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c).)  INTERVAL BETWEEN ONSET AND DEATH
vire /sici		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)
phy phy igne igne nsit		4201 DUE TO THINKAN WINDS
law ding en s l-tra ema		Conditions, it eny, which (b)
he tende be uria		gave rise to immediate cause (a), steting the underlying DUE TO
r at has has le b		ceuse last. (c) Collection of Clerkonses
LAN al o sate sate o bi	0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO
Se se or t		
s cel		20a. ACCIDENT WAS UNDERLYING  20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Part II of item 18.)  OR CONTRIBUTING  CAUSE OF DEATH  OF ITE FITHER. NOTIFY MEDICAL EXAMINER)
thirth de f		
d by Affe		20c. TIME OF INJURY Month, Day, Year Hour a.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, fectory, street, office bldg., etc.) 20f. (City or town) (County) (State)
R: / det		
Tret ret De Be		21. I certify that (I) (this hospital) attended the deceased from
EC be		saw the deceased alive on
OR Hay		22a. SIGNATURE ATTENDING MED. STAFF SIGNED
T and	1	22c. PHYSICIAN'S A CONTROL OF THE STATE OF T
NERP or, pag	- 1	NAME (TYPO) A NICIE HEARN 226W. Winesom gol Saleshing
HOS ath. FUNI ector,		23a BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)
0 9 0 5 2	0	gand 4-16-62 preen HereAs, (em, s'Alisbury Mos.
VR A15 (4)	MY	24 UNERAL DIRECTOR'S SIGNATURE 256. REGISTRAR 256. REGISTRAR'S SIGNATURE APR 2 3 '62
15M 9/60	di.	James & Colivell Easton, md, DATE APR 23 62 wither S. Kraus

MARYLAND STATE DEPARTMENT OF HEALTH

May reached to forelying Chilery Theward 4/13/62 4/13/62 Carrier Heart CARPETE HEARN DICH WILLIAM STREET in the second second

1		MARYLAND STATE DEF	PARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE 1	MARVIAND
		05238 CERTIFICATE		05234
funeral funeral	M	1. PLACE OF DEATH  •. COUNTY	. USUAL RESIDENCE (Where deceased lived, If institution e. STATE b. COUNTY	
by the		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown)  c. LENGTH OF STAY IN 1b	C. CITY OR TOWN (If outside corporete limits, write RURAL	
lled in ages 1 safter	82	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	DELMAR d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
erely fi		PENINSULA GENERAL HOSPITAL  3. NAME OF First Middle	8 W STATE ST.  Last 4. DATE Month	YES NO Day Yeer
complete page		THOMAS  5. SEX  6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. D	OILSON DEATH APRIL DATE OF BIRTH 19. AGE (In years   IF UNDE	2 1962 ER 1 YEAR   IF UNDER 24 HRS.
ate be on and control of carbonent. with		MALE WHITE WIDOWED DIVORCED #	46-1903 September 1903 Months	Days Hours Min.
hysicia remov		done during most of working life, even if retired)  2ABORER  DISPOSA L	11. BIRTHPLACE (County & Stele, or foreign country) 12. (  MARY LAND	CITIZEN OF WHAT COUNTRY?
death c nding pl		13. FATHER'S NAME	SARAH HITCHE	NS
e atten Then	- India /	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INF (Yes, no. or unkown) (Ifyes give wer or deles of service)	ORMANT Address	T-DELMAR
ires tha sician. I by the permit.		18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)  WYO Caude	of On Part	INTERVAL BETWEEN ONSET AND DEATH
signed		420.1 DUE TO	as Jugares	Tax day
The lay		Conditions, if eny, which geverles to immediate cause (a), stating the underlying DUE TO		
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YSIC: hospit certific		CALL THE CAL	inter neture of injury in Pert I or Pert II of item 18.)	YES NO
oy the ser this sed for			AAA (A)	County) (State)
NDIN Bined I	5	Hour a.m. While Not While factory,	, street, office bldg., etc.)	
ATTEN be retail		21. I certify that (I) (this hospital) attended the deceased from		
OR may DIR!		220. SIGNATURE  1020 DOG R. PODES A. M.D.	ATTENDING MED. STAFF PHYS. OTRECTOR PHYS.	22b. DATE SIGNED
NERAL r, page	1	22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS	4-04-62
death.  O FUN director,	3	23a. BURIAL, CREMATION. 23b. DATE THEREOF REMOVAL (Specify)  4-24-62  NICHUL		unty) (State)
VR A15 (4 15M 7/61	1.	BURIAL 4-14-60 NICHOL  24 FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  ADDRESS  ADDRESS	25a, REC'D BY REGISTRAR 25b. REGISTRAR	'S SIGNATURE
	1	1 sifferen or mariful son	7 02	

vithin 24 hours after

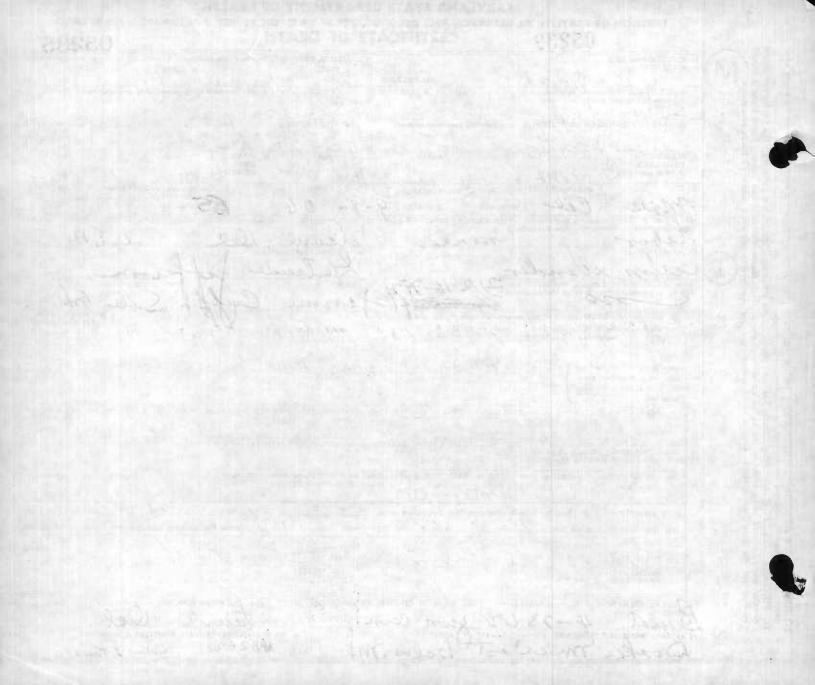
DESED AND BENEFIT OF AT HOLY AND THE THE PARTY OF Amend the party of the second of the second

			1
within 24 hours after	Ell-41- 1	Pages 1 and 2 should	ours after death.
HOS OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed, within 24 hours after	attending physician.	FUNERALE DIRECTOR: And this certained has been signed by the affending physician and completely filled in by the funeral rector, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should	filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.
HOS OR ATTENDING PHYSICIAN:	between historical by the hospital or attending physician.	ector, page 3 should be detached for use as the	filed with the State Dept. of Health prior to buri

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 05239 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) a. COUNTY b. COUNTY MARYLAND WICOMIEC b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL and give nearest town) ah 15 Du d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO NAME OF DATE Middle Month Day Yeer DECEASED OF (Type or print) DEATH 19 5. SEX B. DATE OF BIRTH 6. COLOR OR RACE 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED inthday) Months Deys Hours Min. WIDOWED DIVORCED UAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? dang during most of working life, even if retired) 0000 726m 13. FATHER'S NAME III SODALS WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT (Yes, no, or unkown) | (Ifyes dive wer or detes of service 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY BLE MYOCHEDIAL INFARETION MAMEDIATE CAUSE (0) DUE TO PROBABLE CARRINGMA OF LEFT LUNG Conditions, if any, which geve rise to immediate cause **DUE TO** (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(1) 19. WAS AUTOPSY NOL PERFORMED? NO CERTIFICA 20e. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ) 20c. TIME OF INJURY Month, Day, Yeer 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While .. Not While Hour e.m. et work et work D.m. 21. I certify that (1) (this hospital) attended the deceased from 4-15 1968, to 9 - 15, 1967, that (1) (we) last saw the deceased elive on. 22b. DATE 22e. SIGNATURE ATTENDING SIGNED MED PHYS. DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. YOCATION (City, town or county) (State) 24 FUNERAL DIRECTOR'S 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE APR 2 6 '62 arthur S. Kraus DATE

VR A15 (4)

& FO



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND 05240 CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Wicomico Maryland Dorchester by the and 2 death. MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 Ď. write RURAL end give nearest town) Galestown Salisbury days Pages hours aft Pe d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Rt. Deer's Head State Hospital YES NO completely papers. 3. NAME OF First Last 4. DATE Month Day Year Middle 72 DECEASED OF Mabel R. Wright April 1962 DEATH (Type or print) within and cor 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR last birthday) Months Hours Female White WIDOWED 1 DIVORCED 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work 106, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) done, during most of working life, even if retired) NONF OUSEWIFE 13. FATHER'S NAME MOTHER'S MAIDEN NAME please = death affending and Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT requires that the removal, (Yes, no, or unkown) | (If yes give war or dates of service) MAS IAMES MCWILLIAMS. SHARPTOWN. the 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c),] signed by ONSET AND DEATH PART I. DEATH WAS CAUSED BY Acute gastric hemorrhage 30 minutes IMMEDIATE CAUSE (a) DUE TO Peptic ulcer of the stomach Conditions, if any, which (6) gave rise to immediate cause DUE TO bur (a), stating the underlying cause last. (c) PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES NO 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH for (IF EITHER, NOTIFY MEDICAL EXAMINER) detached 20e. PLACE OF INJURY (Home, farm, ! 20f. (City or town) (County) (State) 20c. TIME OF INJURY 20d. INJURY OCCURRED Month, Day, Year factory, street, office bldg., etc.) While Not While et work at work 19 p.m. RECTOR 19 60 Jan. 26 April attended the deceased from..... 21. I certify that (I) (this hospital) April 19.62, and that death occured at M. from should the causes and on the date stated above, saw the deceased alive 22b. DATE 22a. SIGNATURE ATTENDING STAFF SIGNED PHYS. DIRECTOR PHYS. FUNERAL page 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) V. Maldve, M. Head Hospital; Salisbury, Md S director, be filed 238. BURIAL, CREMATION, 236. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) ALGSTOWN 0 250, REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) SHARPTOWN, mb TUNERA Nome 15M 7/61 OnThur & Trave DATE

